

<i>SERFF Tracking Number:</i>	<i>AEGE-126369312</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Transamerica Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>43973</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>SEVV Pathway</i>		
<i>Project Name/Number:</i>	<i>SEVV4/EM ASAP4 0609</i>		

Filing at a Glance

Company: Transamerica Life Insurance Company

Product Name: SEVV Pathway	SERFF Tr Num: AEGE-126369312	State: Arkansas
TOI: L09I Individual Life - Flexible Premium	SERFF Status: Closed-Approved-	State Tr Num: 43973
Adjustable Life	Closed	
Sub-TOI: L09I.001 Single Life	Co Tr Num:	State Status: Waiting Industry Response
Filing Type: Form		Reviewer(s): Linda Bird
	Author: Dawn Radack	Disposition Date: 11/09/2009
	Date Submitted: 11/03/2009	Disposition Status: Approved-Closed
Implementation Date Requested: On Approval		Implementation Date:

State Filing Description:

General Information

Project Name: SEVV4	Status of Filing in Domicile: Authorized
Project Number: EM ASAP4 0609	Date Approved in Domicile: 10/06/2009
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 11/09/2009	Explanation for Other Group Market Type:
	State Status Changed: 11/05/2009
Deemer Date:	Created By: Dawn Radack
Submitted By: Dawn Radack	Corresponding Filing Tracking Number:
Filing Description:	

This is a new form and not intended to replace any forms previously approved by your Department. The form is submitted in final print and is subject to only minor modifications in paper size and stock, ink, border, Company logo and adaptation to computer printing.

This form is for use in the bank owned and corporate owned life (BOLI/COLI) insurance market. Form EM ASAP4 0609 is a flexible premium universal life policy. Issue ages are from 20 - 80. Assets are held in a separate account, however the performance of the separate account does not affect the cash values. This form is very similar to EM ASAP2 0109

SERFF Tracking Number: AEGE-126369312 State: Arkansas
 Filing Company: Transamerica Life Insurance Company State Tracking Number: 43973
 Company Tracking Number:
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
 Adjustable Life
 Product Name: SEVV Pathway
 Project Name/Number: SEVV4/EM ASAP4 0609

and EM ASAP3 0309 which were approved by your department on 4/17/2009 with one exception. This form allows the policyowner to transfer policy value between multiple credited rate strategies once each year.

The application to be used in the sale of this policy are forms GI APP 1008, MI APP 1008, and SI APP 1008 which were approved by your department on 6/23/2009.

No part of this filing contains any unusual or possibly controversial items from normal company or industry standards.

Company and Contact

Filing Contact Information

Dawn Radack, Forms Filing Manager dradack@Aegonusa.com
 4333 Edgewood Rd. NE 319-355-4266 [Phone]
 Cedar Rapids, IA 52499 319-355-6292 [FAX]

Filing Company Information

Transamerica Life Insurance Company CoCode: 86231 State of Domicile: Iowa
 4333 Edgewood Rd. NE Group Code: 468 Company Type: Life
 Cedar Rapids, IA 52499 Group Name: State ID Number:
 (319) 369-2419 ext. [Phone] FEIN Number: 39-0989781

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: 1 policy submitted
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Transamerica Life Insurance Company	\$50.00	11/03/2009	31758241

SERFF Tracking Number:	AEGE-126369312	State:	Arkansas
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TOI:	L09I Individual Life - Flexible Premium Adjustable Life	Sub-TOI:	L09I.001 Single Life
Product Name:	SEVV Pathway		
Project Name/Number:	SEVV4/EM ASAP4 0609		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/09/2009	11/09/2009

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	11/05/2009	11/05/2009	Dawn Radack	11/06/2009	11/06/2009

<i>SERFF Tracking Number:</i>	<i>AEGE-126369312</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>SEVV Pathway</i>		
<i>Project Name/Number:</i>	<i>SEVV4/EM ASAP4 0609</i>		

Disposition

Disposition Date: 11/09/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AEGE-126369312 State: Arkansas

Filing Company: Transamerica Life Insurance Company State Tracking Number: 43973

Company Tracking Number:

TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life

Product Name: SEVV Pathway

Project Name/Number: SEVV4/EM ASAP4 0609

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Actuarial Memorandum		No
Supporting Document	Sample Illustration		Yes
Supporting Document	Sample Annual Report		Yes
Supporting Document	Sample Policy Summary		Yes
Supporting Document	Illustration Actuary Certification		Yes
Supporting Document	Arkansas notice		Yes
Supporting Document	Guaranty Association Notice		Yes
Form (revised)	Flexible Premium Adjustable Life Insurance Policy		Yes
Form	Flexible Premium Adjustable Life Insurance Policy	Replaced	Yes

SERFF Tracking Number:	AEGE-126369312	State:	Arkansas
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TOI:	L09I Individual Life - Flexible Premium Adjustable Life	Sub-TOI:	L09I.001 Single Life
Product Name:	SEVV Pathway		
Project Name/Number:	SEVV4/EM ASAP4 0609		

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	11/05/2009
Submitted Date	11/05/2009
Respond By Date	12/07/2009

Dear Dawn Radack,

This will acknowledge receipt of the captioned filing.

Objection 1

No Objections

Comment: Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

Filings of "universal life" type contracts are subject to Regulation 34. Please assure us that you are in compliance with Regulation 34. If cost of insurance may be changed by the company subject to a maximum and/or accumulation rates may be changed by the company subject to a minimum, then the contract must comply with Bulletin 11-83.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

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Response Letter

Response Letter Status	Submitted to State
Response Letter Date	11/06/2009
Submitted Date	11/06/2009

Dear Linda Bird,

Comments:

Response 1

Comments: The certifications for Regulation 19 and 34 were included in the Actuarial Memorandum.

A updated policy has been added to the filing because we noticed an omission on page 12. The change is in the Basis Used for Calculation section, first paragraph, second sentence. The words 'from issue' have been added to the end of the sentence to be consistent with the Actuarial Memorandum and the rest of the policy.

Related Objection 1

Comment:

Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

Filings of "universal life" type contracts are subject to Regulation 34. Please assure us that you are in compliance with Regulation 34. If cost of insurance may be changed by the company subject to a maximum and/or accumulation rates may be changed by the company subject to a minimum, then the contract must comply with Bulletin 11-83.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
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Flexible Premium	EM	Policy/Contract/Fraternal	Initial	49.000	ASAP4
Adjustable Life	ASAP4	Certificate			STD
Insurance Policy	0609				updated
					110609.pdf

Previous Version

<i>Flexible Premium</i>	<i>EM</i>	<i>Policy/Contract/Fraternal</i>	<i>Initial</i>	<i>49.000</i>	<i>ASAP4</i>
<i>Adjustable Life</i>	<i>ASAP4</i>	<i>Certificate</i>			<i>STD.pdf</i>
<i>Insurance Policy</i>	<i>0609</i>				

No Rate/Rule Schedule items changed.

Sincerely,
Dawn Radack

SERFF Tracking Number:	AEGE-126369312	State:	Arkansas
Filing Company:	Transamerica Life Insurance Company	State Tracking Number:	43973
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TOI:	L09I Individual Life - Flexible Premium Adjustable Life	Sub-TOI:	L09I.001 Single Life
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Project Name/Number:	SEVV4/EM ASAP4 0609		

Form Schedule

Lead Form Number: EM ASAP4 0609

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	EM ASAP4 0609	Policy/Contract/Fratern al Insurance Policy Certificate	Flexible Premium Adjustable Life Insurance Policy	Initial		49.000	ASAP4 STD updated 110609.pdf



TRANSAMERICA LIFE INSURANCE COMPANY

A Stock Company

Home Office: 4333 Edgewood Road N.E., Cedar Rapids, Iowa 52499
(Hereafter called the Company, we, our or us) - (319) 355 -4433

INSURED: <JOHN DOE>

OWNER: <ABC CORPORATION>

POLICY NUMBER: <SAMPLE>

INITIAL SPECIFIED AMOUNT: <\$25,000.00>

EFFECTIVE DATE: <09/30/09>

The Company will pay the benefits of this policy in accordance with its provisions. The pages that follow are also a part of this policy.

RIGHT TO EXAMINE POLICY. Please examine your policy. Within 10 days after delivery, you can return the policy to the Company or to the agent through whom it was purchased. This is the Free Look Period. If this policy is returned, the policy will be void from the start and a refund will be made. The amount we refund will equal the greater of the policy's Policy Value as of the date the policy is returned or the premiums paid, less withdrawals.

If this policy has been issued as the result of a replacement of another insurance policy, your right to cancel this policy is extended to a period of thirty (30) days from the date you received the policy.

Payment of Premiums. While this policy is in force, premiums can be paid at any time before the Policy Anniversary on which the Insured is age 100, and while the Insured is living. They can be paid at any interval or by any method we make available, subject to the Premiums section. The amount and interval of planned premiums, as stated in the application for this policy are shown on the Policy Specification page and are subject to any limits we set.

Signed for us at our home office

Secretary

President

This policy is a legal contract between the Policyowner and the Company.

READ YOUR POLICY CAREFULLY

**FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE POLICY
PROCEEDS PAYABLE AT INSURED'S DEATH
NON-PARTICIPATING**

DEFINITIONS

When we use the following words, this is what we mean:

AGE - The Insured's age at the Insured's death.

BENEFICIARY - The person(s) to receive the proceeds in the event of the Insured's death.

CASH SURRENDER VALUE - The amount payable upon surrender of the policy equal to the Policy Value as of the date of surrender, less the Loan Amount, and less surrender charges.

CREDITED RATE PORTFOLIO - Shown on the Policy Specification page.

GRACE PERIOD - The period of time that coverage is continued after the Cash Surrender Value is less than the Monthly Deduction Charge for the next Policy Month.

IN FORCE - The period of time the insured's life remains insured under the terms of this policy.

INDEBTEDNESS - All policy loans including accrued loan interest.

THE INSURED - The person whose life is insured under this policy as shown on page 3.

MONTHLY DATE - The same day of each month as the Policy Date while this policy remains in force.

MONTHLY DEDUCTION - Includes monthly cost of insurance, monthly policy charge, and any charge for substandard premium class as shown on the Policy Specifications page.

MONTHLY DEDUCTION DAY - The same date in each succeeding month as the Policy Date.

NET AMOUNT AT RISK - The difference between the life insurance benefit and the Policy Value.

PARTIAL WITHDRAWAL - An amount withdrawn from the Cash Surrender Value which results in a reduction in the Cash Surrender Value by the amount withdrawn.

POLICY ANNIVERSARY - The same day and month as this policy date for each succeeding year this policy remains in force.

POLICY DATE - The date coverage under this policy becomes effective and the date from which policy anniversaries, policy years, and policy months are determined. Coverage shall become effective when the application has been approved by us, the policy has been accepted by you, and the initial premium has been paid while the Insured is alive.

POLICY MONTH - A one- month period beginning on the Monthly Deduction Day.

POLICY YEAR - A twelve- month period beginning on the Policy Date or on the Policy Anniversary.

PROCEEDS - The amount we are obligated to pay under the terms of this policy when your policy is surrendered or when the insured dies.

SPECIFIED AMOUNT - The Specified Amount shown on the Policy Specifications page plus or minus any changes made.

WRITTEN REQUEST - A request in writing signed by you on a form agreeable to us.

YOU, YOUR - The owner of this policy is as shown in the application, unless subsequently changed as provided for in this policy. The owner is the insured unless otherwise stated.

POLICY SPECIFICATION PAGE

POLICY NUMBER: <SAMPLE> INSURED:<JOHN DOE>

INITIAL SPECIFIED AMOUNT: <\$25,000.00> AGE / SEX: <35 / MALE>

<SUBSTANDARD BASIS>

<Percentage Extra: 50%>
<Annual Flat Extra: \$ 1.20>
<Flat Extra Years: 1 - 6>

POLICY DATE: <09/30/09> OWNER: <ABC CORPORATION>

LIFE INSURANCE BENEFIT OPTION: <1>

INITIAL CREDITED RATES:

<Corporate Credited Rate Portfolio: 4.50%>
<Mortgage Credited Rate Portfolio: 2.50%>

INITIAL CREDITED RATE PORTFOLIO ALLOCATON:

<Corporate Credited Rate Portfolio: XX.X%>
<Mortgage Credited Rate Portfolio: XX.X%>

LIFE INSURANCE COMPLIANCE TEST: <GUIDELINE PREMIUM>

PERCENT OF PREMIUM LOADS: 10.00%

MONTHLY POLICY CHARGE: \$10.00

PARTIAL WITHDRAWAL CHARGE: LESSER OF \$25 OR 2% OF THE AMOUNT REQUESTED

GUARANTEED INTEREST RATE: 0%

MAXIMUM NET AMOUNT AT RISK: <\$75,000,000.00>

PREMIUM CLASS: <SUBSTANDARD TOBACCO>

TYPE OF COVERAGE	SPECIFIED AMOUNT	PREMIUM <ANNUAL>
BASIC POLICY	<\$25,000.00>	<\$1,000.00>
Total Initial Premium Payment.		<\$1,000.00>
Total Planned Premium.		<\$1,000.00>

POLICY SPECIFICATION PAGE (Continued)

The Surrender Charge as a dollar amount per \$1,000 of Specified Amount is as follows:

Policy Year	Surrender Charge
1	<28.00>
2	<28.00>
3	<27.00>
4	<27.00>
5	<26.00>
6	<26.00>
7	<26.00>
8	<25.00>
9	<25.00>
10	<24.00>
11	<24.00>
12	<23.00>
13	<17.25>
14	<11.50>
15	<5.75>
16 and later	\$0.00

GENERAL PROVISIONS

THE CONTRACT

Your policy is issued in consideration of the application and the payment of the initial premium.

Your policy, the copy of the application, and any other supplemental applications attached to it contain the entire contract between you and us. Any statements made in the application(s) either by you or by the insured will, in the absence of fraud, be considered representations and not warranties. No statement made in connection with the application(s) will be used to us to void this policy or to deny a claim unless that statement is a material misrepresentation and is part of the application.

No change or waiver of any of the provisions of this policy will be valid unless made in writing by us and signed by our president, a vice president, our secretary or an officer of the company. No agent or other person has the authority to change or waive any provision of your policy.

Any extra benefit rider attached to this policy will become a part of this policy and will be subject to all the terms and conditions of this policy unless we state otherwise in the rider.

SUICIDE EXCLUSION

If the Insured, whether sane or insane, dies by suicide, within two years from the policy date, our liability will be limited to an amount equal to the premiums paid for this policy less any loan and less any Partial Withdrawals.

If the policy is reinstated as described in the Reinstatement section, then the two year suicide exclusion period for such reinstatement will begin on the date on which the reinstatement takes effect.

INCONTESTABILITY

We cannot contest this policy after it has been force during the lifetime of the Insured for two years after the Policy Date. If the policy is reinstated as described in the Reinstatement section, the two year contestable period will begin on the day of reinstatement and is based only on statements in the reinstatement application, unless the original contestable period has not yet expired.

An increase in the amount of insurance will be incontestable after such increase has been inforce for two years from the date of the increase.

ASSIGNMENT

Your policy may be assigned by you. The assignment must be in writing and filed at our home office. The assignment will take effect on the date the notice of assignment is signed by the owner. We assume no responsibility for the validity or effect of any assignment of this policy or of any interest in it. Any proceeds which become payable to an assignee will be payable in a single sum subject to any payment we make or other action we take before we record assignment. Any claim made by an assignee will be subject to proof of the assignee's interest and the extent of the assignment.

MISSTATEMENT OF AGE OR SEX

If the age and/or sex of the Insured has been misstated, the death benefit will be adjusted to that which would have been purchased by the most recent cost of insurance charge at the correct age and/or sex. If required by law, the Insured's sex will not affect the values of this policy.

BENEFICIARY

When we receive due proof of the Insured's death, we will pay the proceeds of this policy to the beneficiary or beneficiaries who are named in the application for this policy unless you subsequently change the beneficiary. In that event, we will pay the proceeds to the beneficiary named in your last change of beneficiary request as provided for in this policy.

If a primary or contingent beneficiary dies before the Insured, that beneficiary's interest in this policy ends with that beneficiary's death. Only those beneficiaries who survive the Insured will be eligible to share in the proceeds. If no beneficiary survives the Insured, we will pay the proceeds of this policy to you, if living, otherwise to your estate.

GENERAL PROVISIONS, Continued

CHANGE OF OWNER OR BENEFICIARY

If you have reserved the right to change the owner or beneficiary, you can file a written request with us on a form satisfactory to the company to make such a change. If you have not reserved the right to change the beneficiary, the written consent of the irrevocable beneficiary will be required. Your written request will not be effective until it is recorded in our home office records. After it has been so recorded, it will take effect as of the date you signed the request subject to any payment we made or action we took before recording the change.

NONPARTICIPATING

This policy will not share in our surplus distributions.

EXPERIENCE CREDITS

Certain Policies with the same Owner that we determine satisfy our guidelines will be eligible for experience credits. The amount of the experience credit, if any, will be allocated pro rata to the policies that qualify for such credit, or in some other manner as agreed to by us.

MAXIMUM NET AMOUNT AT RISK

The Maximum Net Amount at Risk for the policy is shown on the Policy Specifications page. If the policy's Net Amount at Risk exceeds this maximum, we reserve the right to reduce the death benefit and make any appropriate withdrawals of cash values or return of premiums in order to reduce the net amount at risk to the Maximum Net Amount at Risk.

POLICY AMENDMENTS

The policy will be amended to reflect any changes in the policy Specified Amount, Life Insurance Benefit Options, and additions or deletions of riders.

STATEMENT OF ACCOUNT

A Statement of Account will be provided to the owner each year free of charge. The report will contain current information as of the most recent Anniversary, which will be no later than four months prior to the mailing. The report will include:

- (a) The beginning and ending dates of the current reporting period.
- (b) The Cash Value, if any, at the beginning of the current report period and at the end of the current report period.
- (c) The type and amounts that have been credited and debited to the Cash Value during the current reporting period.
- (d) The current Life Insurance Benefit at the end of the current report period on each life covered by the policy.
- (e) The amount of outstanding loans, if any, at the end of the current report period.
- (f) If applicable, a notice that the insurance will not remain in force until the end of the next reporting period, assuming guaranteed interest, mortality and expense loads, unless further premium payments are made.

A new projection is available on an annual basis. Additional projections are available but may incur a fee, not to exceed \$25.00

PREMIUMS

PREMIUM LIMITATIONS

If a premium payment results in an increase in the death benefit, we reserve the right to require proof of insurability.

Premium payments may not be made if you chose the Guideline Premium method of compliance and if such payments would disqualify the policy as life insurance, as defined under Section 7702 of the Internal Revenue Code of 1986, as amended. If the premium paid during any Policy Year exceeds the maximum permitted under the Internal Revenue Code, we will return any such excess within 60 days after the end of the Policy Year with interest at a rate of not less than 2% unless such premium is necessary to continue coverage.

PREMIUM PAYMENTS

At any time before the Policy Anniversary on which the Insured is age 100, and while the Insured is living, premiums can be paid at any frequency or by any method we make available. You may allocate premiums to any of the Credited Rate Portfolios we make available. Premium payments will be allocated to the Credited Rate Portfolios according to the allocation election in effect when we receive such payments. Premiums are payable at our Home Office. The Policy Value is based on the amount and frequency of premiums that have been paid. Please refer to the Policy Value Section for full details.

The amount of the initial premium and the amount of planned premiums as stated in the application are shown on the Policy Specifications page. The amount of any planned premium may be increased or decreased subject to the limits we set. Planned premiums end on the Policy Anniversary on which the Insured is age 100.

You may elect not to make a planned premium payment at any time. You may also make other premium payments that are not scheduled.

GRACE PERIOD

This policy and its riders will continue in effect as long as the Cash Surrender Value is sufficient to pay monthly deduction charges.

If on a Monthly Date the Cash Surrender Value is less than the Monthly Deduction charges for the next Policy Month, the policy will continue for a Grace Period of 62 days after the date we mail the notice described below. If we do not receive a premium payment postmarked within the Grace Period sufficient to pay the Monthly Deduction charges, the policy will end and there will be no more benefits under the policy. To inform you of this event, we will mail a notice to you at your last known address. We will also mail a copy of the notice to the last known address of any assignee on our records.

If the Insured dies during a Grace Period, we will pay the life insurance benefit. However, the proceeds will be reduced by the amount of any unpaid loan and Monthly Deduction charges for the full policy month or months that run from the beginning of the Grace Period, through the policy month in which the Insured died.

REINSTATEMENT

Within 5 years after the policy has ended, you may apply in writing to reinstate the policy (and any other benefits provided by riders), if you did not surrender it for its full Cash Surrender Value. When you apply, you must provide proof of insurability that is acceptable to us, unless the required payment is made within 31 days after the end of the Grace Period.

The required payment will be an amount sufficient to keep this policy in force for at least 2 months. This payment will be in lieu of the payment of all premiums in arrears. Any unpaid loan must either be reinstated, or it must be repaid. Loan interest will be applied compounded once each year from the end of the Grace Period to the date of reinstatement.

The effective date of reinstatement will be the Monthly Date on or following the date we approve the request for reinstatement signed by you.

SEPARATE ACCOUNT

The underlying assets for this policy have been placed in a separate account established by the Company. The values of this policy will not vary directly in relation to the performance of such underlying assets.

The Assets of the separate account are our property. Assets equal to the reserve and other contractual liabilities under all policies issued in connection with the separate account will not be charged with liabilities arising out of any other business we may conduct.

We reserve the right to transfer assets of the separate account in excess of the reserves and other contract liabilities with respect to the separate account to our general account. An investment objective of the separate account may be changed. It will only be changed if approved by the appropriate insurance official of the State of Iowa or deemed approved in accordance with such law or regulation. If required, the request to obtain such approval will be filed with the insurance official or the state or district in which this policy is delivered.

POLICY VALUES

SPECIFIED AMOUNT

The Initial Specified Amount for your policy is shown on the Policy Specifications page. If a Partial Withdrawal is taken, the Specified Amount will change as described under Partial Withdrawals. Any change in the Specified Amount will take effect on the date of the Partial Withdrawal. An increase in the Specified Amount will take effect on the Monthly Deduction Day on or after the day we approve your request for the increase. If your Specified Amount changes, we will send you an endorsement showing the new Specified Amount.

INTEREST FROM DATE OF DEATH

If the proceeds under this policy are not paid within thirty days after we receive due proof of the death of the Insured (or where required by law within thirty days after the death of the insured), we will pay interest on the proceeds from the date of receipt of due proof of death to the date of payment. The interest rate will be at the legal rate.

POLICY VALUE

The Policy Value on the Policy Date is equal to the Premium received less percent of premium load, not to exceed the guaranteed load on the Policy Specifications page, less the Monthly Deduction. Thereafter the Policy Value will be determined on each Monthly Date after the Policy Date as follows:

The Policy Value as of the prior Monthly Date,
PLUS premiums paid since the prior Monthly Date,
LESS percent of premium load, not to exceed the guaranteed load on the Policy
Specification page,
PLUS interest earned for the prior month,
MINUS the Monthly Deduction,
MINUS all Partial Withdrawals since the prior Monthly Date.

On any day between Monthly Dates, the Policy Value will be determined as follows:

The Policy Value as of the prior Monthly Date,
PLUS premiums paid since the prior Monthly Date,
LESS percent of premium load, not to exceed the guaranteed load on the Policy
Specifications page,
MINUS all Partial Withdrawals since the prior Monthly Date,
PLUS interest earned since the last Monthly Date.

MONTHLY DEDUCTION

Each Monthly Deduction consists of:

The monthly cost of insurance,
PLUS a monthly policy charge, not to exceed the guaranteed charge on the Policy
Specifications page,
PLUS any premium for additional benefits provided by riders
(See Policy Specifications page),
PLUS any charges for substandard premium class rating.
All Monthly Deductions will be made pro- rata from the Credited Rate Portfolios.

COST OF INSURANCE

The monthly cost of insurance is determined by multiplying the difference between the Life Insurance Benefit and the Policy Value on each Monthly Deduction Day by the monthly per dollar cost of insurance rate.

The monthly guaranteed cost of insurance rates as shown in the Guaranteed Monthly Cost of Insurance Table, are based on the Insured's:

- 1) Gender, unless prohibited by law,
- 2) Attained age.

We may use Cost of Insurance Rates lower than the guaranteed rates but will never charge rates in excess of the Guaranteed Cost of Insurance Rates. Any change in the cost of insurance rate will be on a uniform basis for all insured's of the same classification and will reflect future anticipated or emerging mortality, persistency, and expense experience.

If you increase the Specified Amount, the cost of insurance for each increase will be based on the attained age, sex and premium class of the original policy.

CREDITED RATE

Amounts in each Credited Rate Portfolio are credited interest at a rate we declare in advance for that Credited Rate Portfolio at least annually. The minimum credited rate for each Credited Rate Portfolio is 0%. The Initial Credited Rates for each Credited Rate Portfolio are shown on the Policy Specifications page. We may apply a credited rate less than the current rate to separate portions of the Policy Value including the amount of the Policy Value equal to any outstanding loan. All premiums allocated to or transferred into a Credited Rate Portfolio receive the credited rate in effect at that time.

You may transfer up to 100% of the Policy Value between Credited Rate Portfolios each year. One transfer per year will be allowed on each Policy Anniversary with notification 35 days prior. Transfers will be effective on the Policy Anniversary that next follows receipt of your signed written request in our Home Office by at least 35 days. We may declare new credited rates for the Credited Rate Portfolios on the effective date of any transfer.

LIFE INSURANCE BENEFITS

Life Insurance Benefit Payable Under This Policy

We will pay the Life Insurance Benefit to the beneficiary promptly, when we have proof that the Insured died while the life insurance coverage under this policy was in effect, subject to the General Provisions Section. A claim for the Life Insurance Benefit must be made in writing to our Home Office.

Amount of Life Insurance Benefit Proceeds Payable Under This Policy

The amount of Life Insurance Benefit proceeds payable under this policy will be based on the Life Insurance Benefit Option and the Specified Amount in effect on the date of death. Any indebtedness will be deducted from the Life Insurance Benefit

The Life Insurance Benefit Options

The Life Insurance Benefit payable under this policy will be determined in accordance with one of the following options:

Option 1:

Under this option, the Life Insurance Benefit is no less than the greater of (a) or (b), where:

- (a) is the Specified Amount; and
- (b) is the death benefit ratio times the Policy Value.

Option 2:

Under this option, the Life Insurance Benefit is no less than the greater of (a) or (b), where:

- (a) is the Specified Amount plus the Policy Value; and
- (b) is the death benefit ratio times the Policy Value.

Option 3:

Under this option, the Life Insurance Benefit is no less than the greater of (a) or (b) where

- (a) is the Specified Amount plus the sum of premiums paid less the sum of Partial Withdrawals;
- (b) is the death benefit ratio times the Policy Value.

Compliance with the Federal Tax Code

This policy qualifies as life insurance under Internal Revenue Code Section 7702. You may choose either of two methods to comply. Your choice is shown on the Policy Specification page as Life Insurance Compliance Test. If you choose GUIDELINE PREMIUM, the death benefit ratios are as follows:

<u>Insured's Age on Policy Anniversary</u>	<u>Death Benefit Ratio</u>	<u>Insured's Age on Policy Anniversary</u>	<u>Death Benefit Ratio</u>
0- 40	2.50	68	1.17
41	2.43	69	1.16
42	2.36	70	1.15
43	2.29	71	1.13
44	2.22	72	1.11
45	2.15	73	1.09
46	2.09	74	1.07
47	2.03	75	1.05
48	1.97	76	1.05
49	1.91	77	1.05
50	1.85	78	1.05
51	1.78	79	1.05
52	1.71	80	1.05
53	1.64	81	1.05
54	1.57	82	1.05
55	1.50	83	1.05
56	1.46	84	1.05
57	1.42	85	1.05
58	1.38	86	1.05
59	1.34	87	1.05
60	1.30	88	1.05
61	1.28	89	1.05
62	1.26	90	1.05
63	1.24	91	1.04
64	1.22	92	1.03
65	1.20	93	1.02
66	1.19	94- 99	1.01
67	1.18	100 & Over	1.00

If you chose CASH VALUE ACCUMULATION, your limitation percentages are as follows:

<u>Insured's Age on Policy Anniversary</u>	<u>Death Benefit Ratio</u>		<u>Insured's Age on Policy Anniversary</u>	<u>Death Benefit Ratio</u>	
	<u>Male</u>	<u>Female</u>		<u>Male</u>	<u>Female</u>
20	7.73	9.01	60	2.08	2.34
21	7.48	8.70	61	2.02	2.27
22	7.24	8.39	62	1.96	2.21
23	7.01	8.10	63	1.91	2.15
24	6.78	7.82	64	1.86	2.09
25	6.56	7.54	65	1.82	2.03
26	6.34	7.28	66	1.77	1.98
27	6.13	7.02	67	1.73	1.93
28	5.93	6.78	68	1.69	1.88
29	5.74	6.54	69	1.65	1.83
30	5.55	6.31	70	1.61	1.79
31	5.36	6.09	71	1.57	1.74
32	5.18	5.88	72	1.54	1.70
33	5.00	5.68	73	1.50	1.66
34	4.83	5.48	74	1.47	1.62
35	4.67	5.29	75	1.44	1.58
36	4.51	5.11	76	1.41	1.55
37	4.36	4.93	77	1.38	1.51
38	4.21	4.76	78	1.36	1.48
39	4.06	4.60	79	1.33	1.45
40	3.93	4.44	80	1.31	1.42
41	3.79	4.29	81	1.29	1.39
42	3.67	4.15	82	1.27	1.37
43	3.55	4.01	83	1.25	1.34
44	3.43	3.87	84	1.23	1.32
45	3.32	3.74	85	1.22	1.30
46	3.21	3.62	86	1.20	1.28
47	3.11	3.50	87	1.19	1.26
48	3.01	3.38	88	1.17	1.24
49	2.91	3.27	89	1.16	1.22
50	2.82	3.17	90	1.15	1.20
51	2.73	3.07	91	1.14	1.19
52	2.64	2.97	92	1.13	1.17
53	2.56	2.88	93	1.12	1.15
54	2.48	2.79	94	1.11	1.13
55	2.41	2.70	95	1.10	1.12
56	2.33	2.62	96	1.09	1.10
57	2.27	2.55	97	1.07	1.08
58	2.20	2.47	98	1.05	1.06
59	2.14	2.40	99	1.02	1.02
			100+	1.01	1.01

The Life Insurance Compliance Test may not be changed while this policy is in force.

LOAN VALUES

LOANS

You may borrow up to the Cash Surrender Value of your policy. Upon request, we will send you a loan agreement for your signature. We have the right to postpone your loan for up to 6 months, unless for payment of premium to us. Loans will be made pro-rata from the Credited Rate Portfolios.

The portion of your policy value equal to the outstanding loan amount will be credited 2.0% interest.

Loans have priority over the claims of any assignee or other person. Your policy is the sole security for all loans.

We cannot void a policy which becomes overloaned until one month after notice has been mailed to the last known address of both the owner and the assignee if any, or the end of the Grace Period if later..

LOAN INTEREST PROVISION

The Loan Interest Rate is 0.32737% per month, compounded monthly which is equivalent to 4.0% per year. Interest not paid when due will be added to the loan. Interest on policy loans is due on each Policy Anniversary.

LOAN REPAYMENT

You can repay all or part of a loan at any time while this policy is in force. Each payment must be at least \$25.00 unless the loan amount is less than \$25.00 in which case full payment is required. Payments not specified as premium payments will be automatically applied as loan repayments. Loan repayments will be allocated to the Credited Rate Portfolios according to the allocation election in effect when we receive the loan repayment.

We will not void this policy for failure to repay any loan or interest until the total indebtedness shall equal or exceed the Policy Value less the surrender charge.

NONFORFEITURE OPTIONS

CASH SURRENDER VALUE

You may surrender your policy for its Cash Surrender Value. Your Cash Surrender Value equals:

The Policy Value,
MINUS The Surrender Charge, if any,
MINUS Any Indebtedness.

If you surrender this policy within 30 days after a policy anniversary, the Cash Surrender Value shall not be less than the Cash Surrender Value on that anniversary less any indebtedness or Partial Withdrawals made on or after that anniversary.

Surrender will be effective on the Monthly Date following the date we receive written request. We may require that your policy be sent in with your written request before making surrender payment.

We may defer payment of any Cash Surrender Value by not more than six months.

When you surrender your policy for its Cash Surrender Value, your policy will terminate.

SURRENDER CHARGES

Surrender Charges as dollar amounts per \$1,000 of Specified Amount are on Page 3A.

The Surrender Charge is equal to (a) multiplied by (b) divided by (c), where:

(a) is the dollar amount per \$1,000 listed on Page 3A;

(b) is the Specified Amount as of the Policy Date plus any increases in the Specified Amount;

(c) is \$1,000.

If you request a Partial Withdrawal before the 15th Policy Anniversary, we will assess a partial surrender charge on the withdrawal. The partial surrender charge will equal the Surrender Charge multiplied by a percentage equal to the portion of the Policy Value withdrawn. After we assess a partial surrender charge, the Surrender Charge per \$1,000 of Specified Amount on Page 3A for that year and subsequent years will be reduced proportionately.

PARTIAL WITHDRAWALS

After the first policy anniversary you may request a Partial Withdrawal of your Cash Surrender Value of at least \$500. The full Cash Surrender Value may be withdrawn provided at least \$500 of Cash Surrender Value would remain after payment of the withdrawal. The total amount withdrawn equals the Partial Withdrawal plus a processing charge equal to the lesser of \$25 or 2% of the amount requested.

The Policy Value will be reduced by the total amount of the withdrawal. Withdrawals will be made pro-rata from the Credited Rate Portfolios. If Life Insurance Benefit Option One is in effect, the Specified Amount will also be reduced by the total amount of the withdrawal. No Partial Withdrawal may reduce the Specified Amount below \$25,000.

We must receive your signed request at our Home Office in order to withdraw funds from the policy. We may defer payment of any Partial Withdrawal by not more than six months.

BASIS USED FOR CALCULATION

Minimum Nonforfeiture Values for this policy are based on the Commissioner's Male or Female 2001 Standard Ordinary Mortality Table, Age Last Birthday with interest at 2.0% compounded annually. The guaranteed minimum policy value is based on interest at 2.0% compounded annually and Monthly Guaranteed Cost of Insurance Rates from issue. Reserves are not less than the required minimum reserves and shall never be less than the Cash Surrender Value.

All of the values are equal to or greater than the minimums set by laws of the states where the policy is delivered. If required, we have filed a detailed statement about this with your State Insurance Department. It shows the figures and methods used.

GUARANTEED MONTHLY COST OF INSURANCE RATES
Per \$1000

When insurance is sold on a substandard basis, the Guaranteed Cost of Insurance Rates shown below are increased 25% for each additional rating class above standard.

<u>ATTAINED</u> <u>AGE</u>	<u>MALE</u>	<u>FEMALE</u>	<u>ATTAINED</u> <u>AGE</u>	<u>MALE</u>	<u>FEMALE</u>
20	\$0.08333	\$0.03916	60	\$0.86666	\$0.69500
21	0.08416	0.04083	61	0.96583	0.75250
22	0.08500	0.04166	62	1.08166	0.81333
23	0.08666	0.04250	63	1.20583	0.87916
24	0.08833	0.04416	64	1.33666	0.95000
25	0.09083	0.04583	65	1.47083	1.02750
26	0.09500	0.04833	66	1.60583	1.11250
27	0.09750	0.05083	67	1.74666	1.20666
28	0.09666	0.05333	68	1.89500	1.30916
29	0.09583	0.05583	69	2.05750	1.42333
30	0.09500	0.05833	70	2.24500	1.55250
31	0.09416	0.06250	71	2.47583	1.69833
32	0.09500	0.06583	72	2.74500	1.85750
33	0.09666	0.07083	73	3.02666	2.03250
34	0.09916	0.07666	74	3.33000	2.22333
35	0.10333	0.08333	75	3.66250	2.43333
36	0.10916	0.08916	76	4.03666	2.66250
37	0.11583	0.09500	77	4.47250	2.91416
38	0.12416	0.10000	78	4.97666	3.19000
39	0.13250	0.10500	79	5.54000	3.49333
40	0.14333	0.11166	80	6.16833	3.86916
41	0.15583	0.11916	81	6.85000	4.33000
42	0.17083	0.12750	82	7.56833	4.81666
43	0.18916	0.13750	83	8.35166	5.32833
44	0.21000	0.14916	84	9.22416	5.89500
45	0.23083	0.16333	85	10.19666	6.46583
46	0.25250	0.18000	86	11.26416	7.14000
47	0.27083	0.19833	87	12.41583	7.97416
48	0.28500	0.22000	88	13.63833	8.85416
49	0.30333	0.24416	89	14.91916	9.72333
50	0.32583	0.27000	90	16.19000	10.35166
51	0.35500	0.30000	91	17.43916	10.96083
52	0.39166	0.33250	92	18.74500	11.97666
53	0.43416	0.36750	93	20.12166	13.35083
54	0.48583	0.40500	94	21.57166	15.07500
55	0.54333	0.44666	95	23.01000	16.95666
56	0.60500	0.49250	96	24.41250	18.80750
57	0.66250	0.54083	97	25.90500	20.00583
58	0.71916	0.59083	98	27.49583	20.64916
59	0.78500	0.64166	99	29.19333	21.99833
			100+	0.00000	0.00000

PAYMENT OF POLICY PROCEEDS

PAYMENT OF POLICY PROCEEDS

We will pay the policy proceeds in one sum or, if elected, all or part of these proceeds may be placed under the fixed period option described in this section. If we agree, the proceeds may be placed under some other method of payment instead.

Any life insurance proceeds paid in one sum will bear interest compounded each year from the Insured's death to the date of payment. We set the interest rate each year. This rate will be at least 2% per year, and will not be less than required by law.

ELECTING AN OPTIONAL METHOD OF PAYMENT

While the Insured is living, you can elect or change an option. You can also name or change one or more beneficiaries who will be the payee or payees under that option subject to our prior approval.

After the Insured dies, any person who is to receive proceeds in one sum (Other than an assignee) can elect an option and name payees. The person who elects an option can also name one or more successor payees to receive any unpaid amount we have at the death of the payee. Naming these payees cancels any prior choice of successor payee.

A payee who did not elect the option does not have the right to advance or assign payment, take payments in one sum, or make any other change. However, the payee may be given the right to do one or more of these things if the person who elects the option tells us in writing and we agree.

OPTION CHANGES

If we agree, a payee who elects a fixed period option may later elect to have any unpaid amount we still have, or the present value of any elected payments, placed under some other option that we are offering at that time.

MINIMUM PAYMENTS

When any payment under an option would be less than \$100, we may pay any unpaid amount or present value in one sum.

SETTLEMENT OPTION RATES

All settlement option rates are based on the 2000 Individual Annuity Mortality Table, if applicable, and a guaranteed annual interest rate of 2%. The payee will receive the greater of:

1. The income rate guaranteed in the policy; or
2. The income rates in effect for us at the time the income payments are made.

FIXED PERIOD OPTION

<u>Fixed Period (in months)</u>	<u>Factor</u>
60	17.49
120	9.18
180	6.42
240	5.04
300	4.22
360	3.68

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office located at: 4333 Edgewood Road N.E., Cedar Rapids, Iowa 52499



FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE POLICY PROCEEDS PAYABLE AT INSURED'S DEATH NON-PARTICIPATING

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<i>SERFF Tracking Number:</i>	<i>AEGE-126369312</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Transamerica Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>43973</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>SEVV Pathway</i>		
<i>Project Name/Number:</i>	<i>SEVV4/EM ASAP4 0609</i>		

Supporting Document Schedules

	Item Status:	Status
		Date:
Satisfied - Item:	Flesch Certification	
Comments:	Readability certification is attached.	
Attachment:	Flesch Cert SEVV4.pdf	

	Item Status:	Status
		Date:
Satisfied - Item:	Application	
Comments:	The application to be used with the policy are attached. They were approved by your department on 6/23/09.	
Attachments:	GI APP 1008 STD.pdf SI APP 1008 STD.pdf MI APP 1008 STD.pdf	

	Item Status:	Status
		Date:
Bypassed - Item:	Health - Actuarial Justification	
Bypass Reason:	This is not a health policy.	
Comments:		

	Item Status:	Status
		Date:
Bypassed - Item:	Outline of Coverage	
Bypass Reason:	This is not a health policy.	
Comments:		

	Item Status:	Status
--	---------------------	---------------

SERFF Tracking Number: AEGE-126369312 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 43973
Company Tracking Number:
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: SEVV Pathway
Project Name/Number: SEVV4/EM ASAP4 0609

Date:

Satisfied - Item: Sample Illustration

Comments:

A sample Illustration is attached.

Attachment:

Pathway Sample Illustration.pdf

Item Status:

Status

Date:

Satisfied - Item: Sample Annual Report

Comments:

A sample Annual Report is attached.

Attachment:

Pathway Sample Annual Report - Revised Format for All Other States.pdf

Item Status:

Status

Date:

Satisfied - Item: Sample Policy Summary

Comments:

A sample Policy Summary is attached.

Attachment:

Pathway Sample Policy Summary - NonIIPRC.pdf

Item Status:

Status

Date:

Satisfied - Item: Illustration Actuary Certification

Comments:

The Illustration Certification is attached.

Attachment:

SE VV Pathway Illustration Cert AR.pdf

Item Status:

Status

Date:

Satisfied - Item: Arkansas notice

**TRANSAMERICA LIFE INSURANCE COMPANY
FLESCH READABILITY CERTIFICATION**

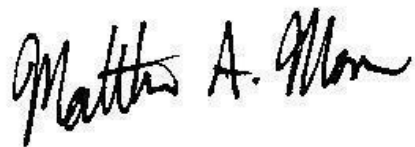
Policy or Rider Form Number

Flesch Score

**EM ASAP4 0609
(Form Number May Vary By State)**

49.0

I certify that the machine scored Flesch readability score(s) for the above mentioned forms(s) is/are accurate.

A handwritten signature in black ink that reads "Matthew A. Monson". The signature is written in a cursive, flowing style.

Matthew A. Monson
Vice President

TRANSAMERICA LIFE INSURANCE COMPANY

Hereafter known as the Company

ADMINISTRATIVE OFFICE: 4333 EDGEWOOD ROAD NE, CEDAR RAPIDS, IOWA 52499

APPLICATION FOR LIFE INSURANCE - PART I**OWNER INFORMATION**NAME

ADDRESS (Street, City, State, Zip)

RELATIONSHIP TO INSURED

TAX ID #

PRIMARY BENEFICIARY

RELATIONSHIP TO INSURED

POLICY INFORMATION:PRODUCT NAME

FACE AMOUNT INFORMATION

☐ See attached Census☐ Face Amount \$ _____Is this an increase to an existing policy? ☐ Yes ☐ No

PLANNED PREMIUM

\$ _____

FREQUENCY

DEATH BENEFIT OPTION:

☐ Option 1☐ Option 2☐ Option 3**COMPLETE FOR ALL VARIABLE PRODUCTS**

FUND ELECTION:

Percentage

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

LIFE INSURANCE COMPLIANCE TEST:

☐ Guideline Premium☐ Cash Value Accumulation

RIDERS

PERSONAL FINANCIAL STATEMENT

(a) Gross Income Current Year \$ _____

(b) Marginal Tax Bracket \$ _____

(c) Assets \$ _____

(d) Liabilities \$ _____

(e) Net Worth \$ _____

(f) Net Worth (exclusive of home furnishings, automobiles) \$ _____

COMPLETE FOR CORPORATION, PARTNERSHIP, PENSION OR TRUST

(a) Current estimated value \$ _____

(b) Assets Liquid \$ _____

Nonliquid \$ _____

(c) Liabilities \$ _____

For over \$1 million applied coverage complete a separate financial questionnaire.

ADDITIONAL INFORMATION

SUITABILITY FOR VARIABLE LIFE INSURANCE POLICY

Complete for all variable products:

- (a) Have you, the Applicant, received the current Prospectus for the policy? ☐ Yes ☐ No
- (b) DO YOU UNDERSTAND THAT UNDER THE POLICY APPLIED FOR (EXCLUSIVE OF ANY OPTIONAL BENEFITS), THE AMOUNT OF DEATH BENEFIT AND THE ENTIRE AMOUNT OF THE POLICY CASH VALUE MAY INCREASE OR DECREASE DEPENDING UPON INVESTMENT EXPERIENCE? ☐ Yes ☐ No
- (c) With this in mind, is the policy in accord with your insurance objectives and your anticipated financial needs? ☐ Yes ☐ No

Will life insurance or annuity with any company be replaced or changed if insurance applied for is issued? ☐ Yes ☐ No

FRAUD WARNING

The following states require that insurance applicants acknowledge a fraud warning statement. Please refer to the fraud warning statement for your state as indicated below.

For applicants in **ARKANSAS**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For applicants in **COLORADO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

For applicants in **DISTRICT OF COLUMBIA**

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For applicants in **KENTUCKY**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

For applicants in **NEW JERSEY**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

For applicants in **NEW MEXICO**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and criminal penalties.

For applicants in **OHIO**

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statement is guilty of insurance fraud.

For applicants in **OKLAHOMA**

Any person who knowingly, and with intent to injure, defraud or deceive any insurer makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

For applicants in **TENNESSEE**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

TAXPAYER IDENTIFICATION NUMBER STATEMENT

Under penalties of perjury, I hereby certify (1) that the Social Security or Taxpayer I.D. number on this application is correct and (2) that I am currently not subject to backup withholding. [Cross out (2) if not correct.]

The Internal Revenue Service does not require your consent to any provision of this document other than certifications required to avoid backup withholding.

AGREEMENT

I certify that I have insurable interest in all employees being insured under this application (see census), that all said employees have consented to be insured and are "actively at work" being defined as having worked for not less than 30 hours per week and not having been absent from work due to accident, illness or other condition for more than four consecutive days within the last 90 days prior to the date of this application.

I agree that I have read and understand all statements and answers in this application; that they are complete and true to the best of my knowledge and belief, and are correctly recorded whether written in my own hand or not.

I also agree that:

1. There will be no liability under this application until the policy is delivered to and accepted by the Owner and the full first premium due is paid while the Proposed Insured is alive and his/her state of health is as favorable as described in this application.
2. No modification may be made to the policy and no right of the Company may be waived unless agreed to in writing and signed by:
A. The President; B. The Vice President; or C. The Secretary of the Company.

Signature of Owner _____ Date _____

Signed at (City and State) _____

PRODUCER INFORMATION AND SIGNATURE

For Producer . . . Will the insurance being applied for replace or change any existing insurance or annuity?

☐ YES ☐ NO If yes, what company and policy no.? _____

Print name and account number of, and percentages for producer or producers who are to receive credit and commission.

_____ on behalf of _____ Signature of Producer (if applicable)	Producer Number	% if Split First Year	% if Split Renewal
_____ Print Name			
_____ on behalf of _____ Signature of Producer (if applicable)	Producer Number	% if Split First Year	% if Split Renewal
_____ Print Name			
_____ on behalf of _____ Signature of Producer (if applicable)	Producer Number	% if Split First Year	% if Split Renewal
_____ Print Name			
_____ on behalf of _____ Signature of Producer (if applicable)	Producer Number	% if Split First Year	% if Split Renewal
_____ Print Name			

TRANSAMERICA LIFE INSURANCE COMPANY

Hereafter known as the Company

ADMINISTRATIVE OFFICE: 4333 EDGEWOOD ROAD NE, CEDAR RAPIDS, IOWA 52499

APPLICATION FOR LIFE INSURANCE - PART II**INSURED INFORMATION**

PROPOSED INSURED (First, Middle, Last)

SEX

☐ Female☐ Male

AGE

BIRTHDAY (Mo-Day-Yr)

RESIDENCE ADDRESS (Street, City, State, Zip)

PLACE OF BIRTH (State)

SOCIAL SECURITY NUMBER

PLEASE READ CAREFULLY AND COMPLETE ALL APPLICABLE INFORMATION

1. Have you been ACTIVELY-AT-WORK*?

YES NO

*ACTIVELY-AT-WORK is defined as: Performing all normal duties of the position on a full-time basis for not less than 30 hours per week and not absent from work due to accident, illness or other condition for more than four consecutive days within the last 90 days prior to the date of this application. The Company reserves the right to request recertification of the above information for deaths occurring within two years of the application date or any increase thereafter and to contest any claim during that period.

☐☐

2. Have you used tobacco in the last 12 months?

☐☐

If yes, what type(s)? _____

3. Will the insurance being applied for replace or change any existing insurance or annuity?

☐☐

If yes, please give company name and policy number. _____

PLEASE COMPLETE ONLY IF EVIDENCE OF INSURABILITY IS REQUIRED

1. a. Name of Insured's Personal Physician: _____

b. Date and Reason Last Consulted: _____

2. HEIGHT: _____ Feet _____ Inches WEIGHT: _____ pounds

3. EVIDENCE OF INSURABILITY

YES NO

a. Have you been hospitalized for a total of 7 or more days due to sickness in the past 12 months?

☐☐

b. Do you have or have you had in the last ten years, heart murmur, coronary artery disease, congestive heart failure, heart or circulatory surgery, stroke; emphysema, or other lung disease; diabetes, kidney disease, cirrhosis or other liver disease; mental or psychiatric disease or other disorders of the nervous system; cancer; or sought treatment for alcoholism or drug abuse?

☐☐

For yes answers, give full details in the space provided on the next page.

For all states other than those listed below, you must answer question 4.

Please complete the AIDS question for the state the application is signed in as indicated in the Authorization section. If this state is not listed, answer the first question.

- 4) Have you or any Proposed Insured EVER been diagnosed as having or been treated for AIDS, or AIDS Related Complex (ARC) or tested positive for the AIDS virus? ☐ Yes ☐ No

For applicants in:

CONNECTICUT Have you or any Proposed Insured EVER been diagnosed as having or been treated for Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or AIDS related conditions? ☐ Yes ☐ No

GEORGIA Have you been diagnosed as having AIDS or ARC? ☐ Yes ☐ No

HAWAII, ILLINOIS, NEW JERSEY Have you or any Proposed insured EVER been diagnosed as having or been treated by a member of the medical profession for AIDS or AIDS Related Complex (ARC)? ☐ Yes ☐ No

MISSOURI, OHIO Have you or any Proposed Insured EVER been diagnosed as having or been treated for AIDS, or AIDS Related Complex (ARC) or tested positive for the HTLV-III test? ☐ Yes ☐ No

WASHINGTON Have you or any Proposed Insured EVER been diagnosed or been treated by a member of the medical profession for immune deficiency disorder, AIDS (Acquired Immune Deficiency Syndrome) or ARC (AIDS Related Complex) or had test results indicating exposure to the AIDS virus? ☐ Yes ☐ No

WISCONSIN Have you or any Proposed Insured EVER been diagnosed by a member of the medical profession as having or been treated for AIDS or AIDS Related Complex (ARC) or tested positive for the antibody to AIDS in the ELISA-ELISA-Western blot series? Note: You do not have to disclose a positive test result obtained at an anonymous or alternative test site. ☐ Yes ☐ No

ADDITIONAL INFORMATION <i>Explain all "yes" answers below.</i>		
Question Number	Name of Proposed Insured	Details to General and Medical Questions (Diagnosis, Dates, Durations) Medical Facilities & Physicians Names, Addresses, Phone Numbers

FRAUD WARNING

The following states require that insurance applicants acknowledge a fraud warning statement. Please refer to the fraud warning statement for your state as indicated below.

For applicants in **ARKANSAS**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For applicants in **COLORADO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

For applicants in **DISTRICT OF COLUMBIA**

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For applicants in **NEW JERSEY**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

For applicants in **OHIO**

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statement is guilty of insurance fraud. .

For applicants in **OKLAHOMA**

Any person who knowingly, and with intent to injure, defraud or deceive any insurer makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

For applicants in **TENNESSEE**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

AGREEMENT

I agree that I have read and understand all statements and answers in this application; that they are complete and true to the best of my knowledge and belief, and are correctly recorded whether written in my own hand or not.

I also agree that:

1. There will be no liability under this application until the policy is delivered to and accepted by the Owner and the full first premium due is paid while the Proposed Insured is alive and his/her state of health is as favorable as described in this application.
2. No modification may be made to the policy and no right of the Company may be waived unless agreed to in writing and signed by:
A. The President; B. The Vice President; or C. The Secretary of the Company.

AUTHORIZATION

I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, the Medical Information Bureau, any consumer reporting agency, or other organization, institution or person that has any records or knowledge of me or my health, to give to the Company, or its reinsurers, any such information. A photographic copy of this authorization shall be as valid as the original. This authorization shall be valid, from the date signed below, for a period of two and one half years. I understand that I may revoke this authorization by sending a specific written request to the Company at 4333 Edgewood Road NE, Cedar Rapids, Iowa 52499. I acknowledge receipt of the MIB Disclosure Notice and Fair Credit Reporting Act Notice.

Dated at _____ this _____ day of _____, _____

Signed: _____
Proposed Insured Signature

PRODUCER INFORMATION AND SIGNATURE

For Producer...Will the insurance being applied for replace or change any existing insurance or annuity?

☐ YES ☐ NO If yes, what company and policy no.? _____

_____ On behalf of _____
LICENSED PRODUCER SIGNATURE (Print Last Name) (If Applicable)

PRODUCER NUMBER LICENSE NUMBER TELEPHONE NUMBER

Detach and leave with applicant

MEDICAL INFORMATION BUREAU, INC., (MIB) PRE-NOTIFICATION to Proposed Insured And Other Persons Proposed to be Insured, If Any information regarding your insurability will be treated as confidential. We or our reinsurer(s) may, however, make brief report thereon to the Medical Information Bureau, Inc., a non-profit membership organization of life insurance companies which operates an information exchange on behalf of its members. If you apply to another Bureau member company for life or health insurance coverage, or claim for benefits is submitted to such a company, the Bureau, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of the Bureau's information office is: 50 Braintree Hill, Suite 400, Braintree, Massachusetts 02184-8734; and telephone number is 866-692-6901 (TTY 866-346-3642 for hearing impaired).

We or our reinsurer(s) may also release information in our file to other insurance companies to which you may apply for life or health insurance coverage to which a claim may be submitted.

Detach and leave with applicant

INVESTIGATIVE CONSUMER REPORT PRE-NOTIFICATION to Proposed Insured And Other Proposed to be Insured, If Any We may ask for an investigative consumer report in connection with your application. In addition, a report may be requested to update our records if you apply for more coverage. You may ask to be interviewed when such a report is being prepared. We will, upon your written request, let you know whether a report was requested and, if so, give you the name, address and telephone number of the agency making the report. By contacting that agency and giving proper identification, you may inspect or obtain a copy of the report. Ordinarily, it will be provided to third parties only if you authorize us in writing to do so. In rare instances, we may be required to provide some or all of the information without your consent.

Typically, the report will contain information as to character, general reputation, personal characteristics, health, job and finances. When applicable, it will contain information on your: past and present employment record (including job duties); driving record; health history; use of alcohol or drugs, sport, hobby or aviation activities, and marital status. The agency may get information by talking to you or members of your family, business associates, financial sources, neighbors and others you know. If you feel any information in our file is incorrect or incomplete, you may ask us to review it. If we agree, we will make any necessary corrections and inform anyone who received such information within the past two years. If we do not agree, you may file a statement of dispute with us. We will send that statement to anyone receiving such information in the past two years. We will also include it in any future disclosure of the disputed information.

TRANSAMERICA LIFE INSURANCE COMPANY

Hereafter known as the Company

ADMINISTRATIVE OFFICE: 4333 EDGEWOOD ROAD NE, CEDAR RAPIDS, IOWA 52499

APPLICATION FOR INSURANCE

PROPOSED INSURED INFORMATION									
Name (First, M.I., Last)					Mailing Address				
Home Telephone No. ()		Work Telephone No. ()		Birth Date		Birth Place (State or Country)		E-Mail Address	
Height	Weight	Marital Status		Sex	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, give immigration status/type of visa:		
Occupation & Duties		Gross Income Current Year				Social Security No. or Tax I.D. No.			
		Marginal Tax Bracket							
		Assets				Drivers License No./ State			
		Liabilities							
		Net Worth							
		Net Worth (exclusive of home, furnishings, autos)							
Have you used any tobacco within the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list type and when used last _____									

BENEFICIARY (Unless otherwise noted, the beneficiary of Other persons proposed for Coverage will be the proposed insured.)	
Primary	Relationship
Primary	Relationship
Primary	Relationship
Contingent	Relationship

OWNER(S) (Unless otherwise noted, the Owner will be the Insured.)		
Name	Relationship to Proposed Insured	Social Security Number
Address	Birth Date	Phone ()

POLICY INFORMATION		
Product Name: _____		
Death Benefit Option	<input type="checkbox"/> Option 1	<input type="checkbox"/> Option 2 <input type="checkbox"/> Option 3
Face Amount \$	Planned Premium \$	Frequency

BENEFIT/RIDERS			
	Benefit Units or %		Benefit Units or %
<input type="checkbox"/> Exchange of Insured Rider	_____	<input type="checkbox"/> Other	_____
<input type="checkbox"/> Term Insurance Rider	_____	<input type="checkbox"/> Other	_____
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____

COMPLETE FOR ALL VARIABLE PRODUCTS			
FUND ELECTION	Percentage	FUND ELECTION	Percentage
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ADDITIONAL PRODUCT INFORMATION

SUITABILITY FOR VARIABLE LIFE INSURANCE POLICY
Complete for all variable plans:
(a) Have you, the Applicant, received the current Prospectus for the policy? <input type="checkbox"/> Yes <input type="checkbox"/> No
(b) DO YOU UNDERSTAND THAT UNDER THE POLICY APPLIED FOR (EXCLUSIVE OF ANY OPTIONAL BENEFITS), THE AMOUNT OF DEATH BENEFIT AND THE ENTIRE AMOUNT OF THE POLICY CASH VALUE MAY INCREASE OR DECREASE DEPENDING UPON INVESTMENT EXPERIENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No
(c) With this in mind, is the policy in accord with your insurance objectives and your anticipated financial needs?..... <input type="checkbox"/> Yes <input type="checkbox"/> No

Name of Other Proposed Insured(s)	Birth Date	Sex	Height	Weight	Social Security Number	Relationship to Insured	Amount of Insurance	Used Tobacco in last 5 years? If yes, list type and when used last
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No

LIFE INSURANCE IN FORCE		
Insured's Name	Company/ Policy Number	Face Amount
		\$
		\$
		\$
		\$

GENERAL QUESTIONS Complete the following. *For YES answers, give full details in the space provided.*

1. Will the insurance applied for replace or change any existing insurance or annuity? ☐ Yes ☐ No
- Have you or any proposed insured,**
2. Had any health, disability or life insurance pending or contemplated with another company? ☐ Yes ☐ No
3. Been declined, postponed, offered a rated or modified life, health or disability policy or been denied reinstatement? ☐ Yes ☐ No
4. Within the past 5 years,
 - a. Been cited or convicted of a moving violation, including DUI, or had a driver's license suspended or revoked? (If yes, provide state and drivers license number.) ☐ Yes ☐ No
 - b. Been or is now fully or partially disabled? ☐ Yes ☐ No
 - c. Been charged with or convicted of any felony or been on probation? ☐ Yes ☐ No
5. Within the past 2 years,
 - a. Taken part in any type of racing, mountain climbing, underwater or sky diving, hang gliding or plan to? ☐ Yes ☐ No
 - b. Flown other than as a passenger, or plan to? (If yes, complete the Aviation Supplement.) ☐ Yes ☐ No
 - c. Foreign residence or travel contemplated? ☐ Yes ☐ No
6. Within the past 10 years, used drugs (such as: hallucinogens, barbiturates, excitants or narcotics) except as medication prescribed by a physician, or been treated or counseled for drug or alcohol use? ☐ Yes ☐ No
7. Family History: Is there a history of cardiovascular disease or cancer in parents/siblings prior to age 60? ☐ Yes ☐ No
8. Do you exercise? If yes, describe type, how often per week and how long per session. ☐ Yes ☐ No
9. Do you drink alcoholic beverages? If yes, please provide type of drinks, number of occasions per year and the number of drinks consumed on those occasions. ☐ Yes ☐ No
10. Have you had any weight change in the past year? ☐ Yes ☐ No

MEDICAL QUESTIONS Each question must be individually asked and answered. *For YES answers, give full details in the space provided.*

Within the past 10 years, has any proposed insured been treated or diagnosed by a health care professional as having any disease or disorder of the:

1. Blood or circulatory system (such as: heart attack, heart disease, palpitations, heart murmur, or chest pain, high blood pressure, stroke, anemia)? ☐ Yes ☐ No
2. Respiratory system (such as: emphysema, asthma, shortness of breath, chronic cough or sleep apnea)? ☐ Yes ☐ No
3. Brain or nervous system (such as seizures, epilepsy, multiple sclerosis, mental illness, depression, suicide attempt, eating disorder, dementia or Alzheimer's disease)? ☐ Yes ☐ No
4. Sugar, albumin, or blood in urine, or other illness or disease of the kidneys, bladder, or urinary system, prostate, breast, sexually transmitted disease or any other reproductive disorder? ☐ Yes ☐ No
5. Stomach, intestine, liver (such as: ulcer, colitis, Crohn's disease or hepatitis)? ☐ Yes ☐ No
6. Endocrine system, muscles or bone (such as diabetes, thyroid, lupus, arthritis, or back problems)? ☐ Yes ☐ No
7. Cancer, tumor, polyps, melanoma or other malignancy? ☐ Yes ☐ No
8. Had or been advised to have a check-up, consultation, lab test, EKG, X-ray or other diagnostic test? ☐ Yes ☐ No
9. Are you currently under the observation of a physician or taking medication? ☐ Yes ☐ No

PERSONAL PHYSICIAN(S)

Name of Proposed Insured	Personal Physician(s) Name, Address, Phone Number	Date Last Visited, Reason, Result

For all states other than those listed below, you must answer question 10.

Please complete the AIDS question for the state the application is signed in as indicated in the Authorization section. If this state is not listed, answer the first question.

10) Have you or any Proposed Insured EVER been diagnosed as having or been treated for AIDS, or AIDS Related Complex (ARC) or tested positive for the AIDS virus? ☐ Yes ☐ No

For applicants in:

GEORGIA Have you been diagnosed as having AIDS or ARC? ☐ Yes ☐ No

HAWAII, ILLINOIS, NEW JERSEY Have you or any Proposed insured EVER been diagnosed as having or been treated by a member of the medical profession for AIDS or AIDS Related Complex (ARC)? ☐ Yes ☐ No

OHIO Have you or any Proposed Insured EVER been diagnosed as having or been treated for AIDS, or AIDS Related Complex (ARC) or tested positive for HIV? ☐ Yes ☐ No

WASHINGTON Have you or any Proposed Insured EVER been diagnosed or been treated by a member of the medical profession for immune deficiency disorder, AIDS (Acquired Immune Deficiency Syndrome) or ARC (AIDS Related Complex) or had test results indicating exposure to the AIDS virus? ☐ Yes ☐ No

WISCONSIN Have you or any Proposed Insured EVER been diagnosed by a member of the medical profession as having or been treated for AIDS or AIDS Related Complex (ARC) or tested positive for the antibody to AIDS in the ELISA-ELISA-Western blot series? Note: You do not have to disclose a positive test result obtained at an anonymous or alternative test site. ☐ Yes ☐ No

ADDITIONAL INFORMATION Explain all "yes" answers below. Attach additional pages if needed.

Question Number	Name of Proposed Insured	Details to General and Medical Questions (Diagnosis, Dates, Durations) Medical Facilities & Physicians Names, Addresses, Phone Numbers

FRAUD WARNING

The following states require that insurance applicants acknowledge a fraud warning statement. Please refer to the fraud warning statement for your state as indicated below.

For applicants in **ARKANSAS**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For applicants in **COLORADO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

For applicants in **DISTRICT OF COLUMBIA**

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For applicants in **NEW JERSEY**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

For applicants in **OHIO**

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statement is guilty of insurance fraud.

For applicants in **OKLAHOMA**

Any person who knowingly, and with intent to injure, defraud or deceive any insurer makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

For applicants in **TENNESSEE**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Under penalties of perjury, I hereby certify (1) that the Social Security or Taxpayer I.D. number above on this application is correct and (2) that I am currently not subject to backup withholding. [Cross out (2) if not correct.] The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

The statements and answers on this Application are true and complete to the best of my knowledge and belief. It is agreed that (a) this application and any amendments hereto, shall be the basis of any insurance granted; (b) no producer has authority to waive the answer to any question in the application, to pass on insurability, to waive any of the other Company's rights or requirements or to make or alter any contract; and (c) no insurance or annuity shall be considered in force unless and until a policy shall have been issued by the Company and said policy manually received and accepted by the Applicant and the full first premium paid thereon, all during the lifetime and before any change in the insurability of any person proposed for insurance from that stated herein.

The Company shall have sixty days from the date hereof within which to consider and act on this application and if within such period a policy has not been received by the Applicant or if notice of approval or rejection has not been given, then this application shall be deemed to have been declined by the Company.

Unless otherwise stated the undersigned Applicant is the Premium Payor and the Owner of the policy applied for.

AUTHORIZATION: I authorize any licensed physician, medical practitioner, hospital, clinic, medical or medically related facility, Medical Information Bureau, the Veteran's Administration, or other health care provider, my employer and any consumer reporting agency or insurance company who possess information concerning any care, treatment or advice rendered to me to provide such information to the Company, its representatives or its reinsurers. A photocopy of this Authorization shall be considered as valid as the original, which I or my authorized representative may receive a copy of upon request. The Company, or its reinsurers, may release this information about me to its reinsurers, to the Medical Information Bureau or to another insurance company to which I have applied. This authorization is limited to a period of 30 months commencing on the date of this application. I represent that the foregoing statements are complete and true to the best of my knowledge and belief. I understand that the date coverage becomes effective for any policy applied for on this application will be the date recorded on the Policy Specification page, not the date the application is signed. I understand coverage will be effective when the first premium is paid, provided all persons proposed for insurance are acceptable to the company under its rules and limits as standard risks, on the plan and for the amount applied for and the rate of premium declared. I authorize payroll deduction of the premiums, and acknowledge receipt of the MIB Disclosure Notice and Fair Credit Reporting Act Notice. I understand that I may revoke this authorization by sending a specific written request to the Company at 4333 Edgewood Road NE, Cedar Rapids, Iowa 52499.

Dated at _____ this _____ day of _____, _____
city state month year

Signature of Proposed Insured Signature of Additional Insured

Signature of Applicant if Other Than Insured Signature of Parent or Legal Guardian for Insured's 15
☐ Owner ☐ Other and under

Best time to call for a personal history interview _____ a.m. _____ p.m. Okay to contact at work? Yes ☐ No ☐

PRODUCER INFORMATION & SIGNATURE

Print name and account number of, and percentages for producer or producers who are to receive credit and commission.

	Producer Number	% if Split First Year	% if Split Renewal
_____ Signature of Producer _____ on behalf of _____ (if applicable)			
_____ Print Name			
_____ Signature of Producer _____ on behalf of _____ (if applicable)			
_____ Print Name			
_____ Signature of Producer _____ on behalf of _____ (if applicable)			
_____ Print Name			
_____ Signature of Producer _____ on behalf of _____ (if applicable)			
_____ Print Name			
Do you have any knowledge or reason to believe that the insurance applied for will replace or change any existing insurance or annuity? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, what company? _____ Policy # _____			

SUBMIT SPECIAL REPLACEMENT FORM IF REQUIRED IN YOUR STATE

ILLUSTRATION CERTIFICATION

☐ I certify that no illustration was used by me or any other authorized producer of the Company
in the sale of the life insurance to _____
on this date. An illustration conforming to the requirements of the _____ APPLICANT
STATE _____ state regulation
on illustrations will be delivered to this applicant no later than the policy delivery date.

DATE PROUDER
I acknowledge that no illustration conforming to the policy applied for was provided to me at the point of sale. I understand an illustration conforming to the policy as issued will be provided to me no later than at the time of policy delivery.

DATE APPLICANT

PRODUCER'S REPORT

How well do you know proposed insured? _____		Total of other insurance on proposed insured payable to business. _____	
	Yes No	If partnership, give names of all partners. _____	
Do you know of any information not given in the application which might affect the insurability of any person proposed for insurance? (If "yes", explain in Remarks Section)	<input type="checkbox"/> <input type="checkbox"/>	Are all other partners insured? If not, explain. _____	
Is this case personal business? (Is it written on your life, spouse, child, grandchild, parent, or spouse's parent?) (If "yes", explain in Remarks Section)	<input type="checkbox"/> <input type="checkbox"/>	Relationship of owner to Insured? _____	
Did you see all of those to be insured on the date the application was written? (If "no", explain in Remarks Section)	<input type="checkbox"/> <input type="checkbox"/>	How much life insurance is carried by (a) Father _____ b) Mother _____ (c) If this application is greater than a or b above (Explain in Remarks Section)	
Is insurance being applied for with any other company? (If "yes", give details in Remarks Section)	<input type="checkbox"/> <input type="checkbox"/>	If the Proposed Insured is under age 15, list age of brothers and sisters and amount of insurance on each of their lives (in Remarks Section)	
Did you witness the signing of the application? (If "no", explain in Remarks Section)	<input type="checkbox"/> <input type="checkbox"/>	ADDITIONAL REMARKS/AND OR SPECIAL INSTRUCTIONS	
Did you ask each question in this application exactly as printed? (If "no", explain in Remarks Section)	<input type="checkbox"/> <input type="checkbox"/>		
If application is approved other than as requested: <input type="checkbox"/> Adjust to premium <input type="checkbox"/> Issue face amount as shown			
Is applicant being examined by a medical doctor?	<input type="checkbox"/> <input type="checkbox"/>		
Is an EKG being arranged?	<input type="checkbox"/> <input type="checkbox"/>		
Is an exercise EKG being arranged?	<input type="checkbox"/> <input type="checkbox"/>		
Is a blood profile being arranged?	<input type="checkbox"/> <input type="checkbox"/>		
COMPLETE ONLY IF OWNER IS OTHER THAN INSURED			
OWNER IS: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Trust			
Purpose of Policy			
<input type="checkbox"/> Personal Needs Analysis <input type="checkbox"/> Estate Liquidity <input type="checkbox"/> Mortgage <input type="checkbox"/> Buy-Sell <input type="checkbox"/> Retirement <input type="checkbox"/> Key Employee <input type="checkbox"/> Education <input type="checkbox"/> Other			
If application is for key-man insurance, on what basis was the applicant's value to the business determined? _____			
Who will pay the premium? _____			
		Signature of Writing Producer _____	

Detach and leave with applicant if cash is paid with application

LIFE INSURANCE CONDITIONAL RECEIPT, the Company

Please read this carefully. All premium checks must be made payable to the Company. Do not make check payable to producer or leave payee blank.

Received from _____ the sum _____ paid with a life insurance application to the Company. The application bears the same date as this receipt. There will be no coverage if the sum received is paid by a check which is uncollectible upon initial deposit. The full initial premium payment for the mode of payment chosen is required for this conditional receipt to be effective.

The person(s) proposed to be insured is (are) _____

No producer or broker is authorized to alter the terms of this Receipt, waive any requirements, or pass on insurability.

Dated at (City and State) _____

On (Date) _____

Producer's Signature _____

The life insurance contract you have applied for with the Company will not become effective unless and until a contract is delivered to you. Subject to the conditions and limitations of this Receipt, conditional insurance as provided by the terms and conditions of the policy applied for will become effective prior delivery. No insurance will be provided under this Receipt unless and until all the following requirements are fulfilled during the lifetime of the person(s) proposed to be insured:

- **As of the effective date herein defined, each person proposed to be insured is found to be insurable exactly as applied for in accordance with the Company's underwriting rules and standards, without any modifications as to plan, amount, or premium rate;**
- **The payment taken for this Receipt is not less than the full initial premium for the mode of payment chosen in the application;**
- **All medical examinations, tests, and other screenings required by the Company are completed and received at our Home Office within 60 days from the date of the completion of the application; and**
- **As of the effective date, the state of health and all factors affecting the insurability of each person proposed to be insured are stated in the application.**

Detach and leave with applicant

INVESTIGATIVE CONSUMER REPORT PRE-NOTIFICATION to Proposed Insured And Other Proposed to be Insured, If Any

We may ask for an investigative consumer report in connection with your application. In addition, a report may be requested to update our records if you apply for more coverage. You may ask to be interviewed when such a report is being prepared. We will, upon your written request, let you know whether a report was requested and, if so, give you the name, address and telephone number of the agency making the report. By contacting that agency and giving proper identification, you may inspect or obtain a copy of the report. Ordinarily, it will be provided to third parties only if you authorize us in writing to do so. In rare instances, we may be required to provide some or all of the information without your consent.

Typically, the report will contain information as to character, general reputation, personal characteristics, health, job and finances. When applicable, it will contain information on your: past and present employment record (including job duties); driving record; health history; use of alcohol or drugs, sport, hobby or aviation activities, and marital status. The agency may get information by talking to you or members of your family, business associates, financial sources, neighbors and others you know. If you feel any information in our file is incorrect or incomplete, you may ask us to review it. If we agree, we will make any necessary corrections and inform anyone who received such information within the past two years. If we do not agree, you may file a statement of dispute with us. We will send that statement to anyone receiving such information in the past two years. We will also include it in any future disclosure of the disputed information.

Detach and leave with applicant if cash is paid with application

LIFE INSURANCE CONDITIONAL RECEIPT (CONTINUED)

If all requirements are not met, or the person(s) to be insured dies by suicide, the liability of the Company shall be limited to a refund to the applicant of the payment made for this receipt.

This receipt will provide insurance starting at the effective date. The effective date is the latest date of the following events:

- Signing of all parts of the application, any supplemental application or addendum to application, or any medical examination.
- Date requested in the application that is acceptable to the Company.
- The last required test(s) and medical examination(s) are performed.
- The full initial premium for the mode of payment chosen is received at our Home Office.
- Any additional information required by us is received at our Home Office.

This Receipt will terminate on the earliest of: (a) 60 days from the date this Receipt was signed; (b) the date the Company mails notice to the applicant of the rejection of the application for insurance and refunds the premium paid; (c) the day before the date insurance goes into effect under the policy applied for; or (d) the date the Company offers insurance other than as applied for.

The aggregate amount of life insurance on each person proposed to be insured which may become effective under this Receipt and any other conditional Receipt issued by the Company will be the lesser of the amount applied for or \$500,000 of the life insurance. This Receipt provides no insurance for riders or additional benefits.

If one or more of this Receipt's conditions have not been met exactly, the Company will be free from any liability except to return the premium payment.

The Company does not approve and accept the application for insurance within 60 days from the date this Receipt was signed, the application will be deemed to have been rejected by the Company and the Company shall have no liability except to return any payment made for this Receipt on surrender of this Receipt to the Company.

Detach and leave with applicant

MEDICAL INFORMATION BUREAU, INC., (MIB) PRE-NOTIFICATION to Proposed Insured And Other Persons Proposed to be Insured, If Any information regarding your insurability will be treated as confidential. We or our reinsurer(s) may, however, make brief report thereon to the Medical Information Bureau, Inc., a non-profit membership organization of life insurance companies which operates an information exchange on behalf of its members. If you apply to another Bureau member company for life or health insurance coverage, or claim for benefits is submitted to such a company, the Bureau, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of the Bureau's information office is: 50 Braintree Hill, Suite 400, Braintree, Massachusetts 02184-8734; and telephone number is 866-692-6901 (TTY 866-346-3642 for hearing impaired).

We or our reinsurer(s) may also release information in our file to other insurance companies to which you may apply for life or health insurance coverage to which a claim may be submitted.

Transamerica Life Insurance Company
4333 Edgewood Rd. N.E., Cedar Rapids, IA 52499
A Life Insurance Illustration

NARRATIVE SUMMARY

DESIGNED FOR: John Doe, Male, Nonsmoker, Age 35

Guaranteed Issue

PRESENTED BY: Warren T. Wamberg 102 S. Wynstone Park Drive, North Barrington, IL 60010

Life Insurance Benefit Option: Level (option 1)

Policy Terms and Definitions

Policy Name / Form Number: Pathway, a flexible premium adjustable life insurance policy, form number EM ASAP4 0609
(May vary by state)

Premium Outlay: The premium outlay is the amount of planned premium payments.
The first year premium outlay is \$1,000.00.
The maximum first year premium outlay is \$5,353.32.

Life Insurance Benefit: The greater of (a), (b), or (c) where:

(a) is the Specified Amount; and
(b) is the death benefit ratio times Policy Value; and
(c) is the amount required for the policy to qualify as life insurance under Section 7702 of the Internal Revenue Code.

Policy Value: Premiums less charges accumulated at interest.

Cash Surrender Value: The Policy Value less any surrender charges less any indebtedness.

Loans: You may borrow up to the loan value of the policy. The loan value on any given date is equal to 100% of the Cash Surrender Value on that date.

Partial Withdrawal: After the first Policy Year, you may apply for a Partial Withdrawal of at least \$500.00 and up to an amount equal to the full Cash Surrender Value, provided at least \$500.00 of Cash Surrender Value would remain after we pay this benefit. The amount withdrawn equals the Partial Withdrawal plus a processing charge equal to the lesser of \$25 or 2% of the amount requested.

Modified Endowment Contract: Under the Federal Internal Revenue Code, this is a modified endowment contract. Distributions (including policy loans) from the policy are taxable to the extent there is a gain in the contract. In addition, there may be a tax penalty of 10% of taxable income for some distributions. In any case, a gain in the contract is taxable upon full surrender of the policy.

This hypothetical illustration:

- . Shows how the selected life insurance benefit option, face amount, cost of insurance rates, hypothetical rate of return, withdrawals and loans affect life insurance benefit levels, policy value and cash surrender values.
- . Is NOT a prediction or projection of future investment results, and is not valid without all 3 pages. At the time of distribution your policy value may be more or less than its original value depending on market conditions.
- . Shall not constitute an offer to sell or the solicitation of an offer to buy.
- . Must be preceded or accompanied by a Private Placement Memorandum.

This illustration assumes that the currently illustrated non-guaranteed elements will continue unchanged for all years shown. This is not likely to occur. Actual results may be more or less favorable than those shown. The assumptions on which they are based are subject to change by the company.

This illustration is not complete unless all numbered pages are included.

Date Prepared: September 23, 2009

Prepared By: Warren T. Wamberg 102 S. Wynstone Park Drive, North Barrington, IL 60010
EMPATHILL0909

Page 1 of 3
State: Iowa

Transamerica Life Insurance Company
A Life Insurance Illustration

NUMERIC SUMMARY

Designed For:	John Doe, Male, Nonsmoker, Age 35	Specified Amount:	\$ 25,000.00
Effective Date:	9/23/2009	Premium Outlay:	\$ 1,000.00
		Life Insurance Benefit Option:	Level (option 1)

MEC Date: 09/23/2009

Non-Guaranteed Values										
Guaranteed Values					Mid-Point Values			Illustrated Values		
Policy Year	Premium Outlay	Policy Value	Cash Surrender Value	Life Insurance Benefits	Policy Value	Cash Surrender Value	Life Insurance Benefits	Policy Value	Cash Surrender Value	Life Insurance Benefits
5	1000	3,980	3,330	25,000	5,055	5,015	25,000	5,746	5,096	25,000
10	1000	8,328	7,728	28,565	11,415	11,415	39,152	12,970	12,370	44,485
20	1000	17,793	17,793	44,128	28,879	28,879	71,620	33,035	33,035	81,927
Age 70	1000	32,111	32,111	52,983	70,208	70,208	115,843	83,003	83,003	136,956

Guaranteed values are based on an interest rate of 2.00% and guaranteed maximum charges.

Mid-Point values are based on an interest rate and policy charges half way between the non-guaranteed and the guaranteed rates.

Illustrated values are based on a currently declared interest rate of 5.00% and cost of insurance rates. These rates are non-guaranteed.

Illustration assumes policy year, premiums paid, and withdrawals taken occur at the beginning of each year. Policy Values and life insurance benefits are illustrated as of the end of each year.
Under the guaranteed values assumptions, for this illustration, coverage will cease in year 87.
Under the mid-point values assumptions, for this illustration, coverage will cease in year 87.
Under the illustrated values assumptions, for this illustration, coverage will cease in year 87.

I have received a copy of this illustration and understand that any non-guaranteed elements illustrated are subject to change and could be either higher or lower. The agent has told me they are not guaranteed.

Applicant	Date
-----------	------

I certify this illustration has been presented to the applicant and that I have explained that any non-guaranteed elements illustrated are subject to change. I have made no representations that are inconsistent with the illustration.

Warren T. Wamberg 102 S. Wynstone Park Drive North Barrington, IL 60010	Date
---	------

This illustration assumes that the currently illustrated non-guaranteed elements will continue unchanged for all years shown. This is not likely to occur. Actual results may be more or less favorable than those shown. The assumptions on which they are based are subject to change by the company.
This illustration is not complete unless all numbered pages are included.

Transamerica Life Insurance Company
A Life Insurance Illustration

TABULAR DETAIL

Designed For: John Doe, Male, Nonsmoker, Age 35
Effective Date: 9/23/2009

Specified Amount: \$25,000.00
Premium Outlay: \$ 1,000.00
Life Insurance Benefit Option: Level (option 1)

Premium Mode: Annual

Non-Guaranteed Values

Guaranteed Values

Illustrated Values

MEC Date: 09/23/2009

Policy Year	Policy Value	Cash Surrender Value	Life Insurance Benefits	Premium Outlay	Policy Value	Cash Surrender Value	Life Insurance Benefits
1	766	66	25,000	1,000	1,046	346	25,000
2	1,547	847	25,000	1,000	2,141	1,441	25,000
3	2,343	1,668	25,000	1,000	3,287	2,612	25,000
4	3,154	2,479	25,000	1,000	4,487	3,812	25,000
5	3,980	3,330	25,000	1,000	5,746	5,096	25,000
6	4,821	4,171	25,000	1,000	7,065	6,415	27,764
7	5,678	5,028	25,000	1,000	8,444	7,794	32,002
8	6,550	5,925	25,000	1,000	9,886	9,261	36,283
9	7,434	6,809	26,392	1,000	11,394	10,769	40,448
10	8,328	7,728	28,565	1,000	12,970	12,370	44,485
15	12,948	12,804	37,679	1,000	21,945	21,801	63,859
20	17,793	17,793	44,128	1,000	33,035	33,035	81,927
25	22,703	22,703	48,583	1,000	46,640	46,640	99,811
30	27,530	27,530	51,206	1,000	63,179	63,179	117,514
35	32,111	32,111	52,983	1,000	83,003	83,003	136,956
40	36,383	36,383	53,483	1,000	106,427	106,427	156,447
45	40,119	40,119	53,358	1,000	134,075	134,075	178,319
50	43,050	43,050	52,951	1,000	166,668	166,668	205,002
55	45,170	45,170	52,397	1,000	205,072	205,072	237,883
60	46,918	46,918	52,079	1,000	250,646	250,646	278,217
65	50,843	50,843	51,860	1,000	311,446	311,446	317,675

This illustration assumes that the currently illustrated non-guaranteed elements will continue unchanged for all years shown. This is not likely to occur. Actual results may be more or less favorable than those shown. The assumptions on which they are based are subject to change by the company.

This illustration is not complete unless all numbered pages are included.

Date Prepared: September 23, 2009

Prepared By: Warren T. Wamberg 102 S. Wynstone Park Drive, North Barrington, IL 60010
EMPAT HILL0909

Page 3 of 3
State: Iowa

from Jan 1, 2011 to Jan 1, 2012
(Page 1 of 3)

OWNER American Trust and Savings Bank
123 Main Street
Cedar Rapids, IA 52499

Please inform us when you change the above address.

INSURED: John Doe CLASS OF ISSUE: Non-Smoker, Guaranteed Issue

REPORT DATE: Jan 1, 2012

ISSUE DATE: Jan 1, 2009 AGE AT ISSUE: 35

This report illustrates the status of your flexible premium adjustable life insurance policy. It gives you a record of activity occurring in relation to this policy since the last policy anniversary.

LIFE INSURANCE BENEFIT:	\$25,000.00
ADDED PROTECTION RIDER:	\$0.00
LIFE INSURANCE BENEFIT OPTION:	OPTION 1
LIFE INSURANCE BENEFIT ON Jan 1, 2012	\$25,000.00
CASH SURRENDER VALUE ON Jan 1, 2012	\$1,853.09

POLICY ACTIVITY OCCURRING ON OR AFTER Jan 1, 2011

POLICY VALUE ON Jan 1, 2011		\$1,208.73
ADDITIONS TO POLICY VALUE:		
PREMIUMS PAID	\$567.20	
INTEREST	\$0.00	
TOTAL ADDITIONS	+	\$567.20
DEDUCTIONS FROM POLICY VALUE:		
EXPENSES - % OF PREMIUM	\$0.00	
EXPENSES - MONTHLY POLICY CHARGE	\$0.00	
COST OF INSURANCE	\$0.00	
PARTIAL WITHDRAWAL	\$0.00	
TOTAL DEDUCTIONS	-	\$0.00
POLICY VALUE ON Jan 1, 2012		\$1,853.09

THE FOLLOWING IS ADDITIONAL INFORMATION REGARDING YOUR POLICY.

INSURANCE PRODUCER: HCLSM

TRANSAMERICA LIFE INSURANCE COMPANY
REPORT TO OWNER OF FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE POLICY
(Page 2 of 3)

- (1) The interest rate that applied to the policy beginning Jan 1, 2011 was:
- | | |
|------------------------------------|-------|
| Corporate Credited Rate Portfolio: | 5.00% |
| Mortgage Credited Rate Portfolio: | 4.50% |
- (2) The loan interest rate for the next policy year is 4.00%. The interest rate that applies to the portion of the policy value up to the amount of outstanding policy loans is 2.00%.
- (3) Your accumulated balance is currently earning:
- | | |
|------------------------------------|-------|
| Corporate Credited Rate Portfolio: | 5.50% |
| Mortgage Credited Rate Portfolio: | 3.75% |
- (4) Your guaranteed minimum interest rate on accumulations is 0.00% per annum. Different rates of interest may be used for separate portions of your accumulated balance. No matter what happens in the marketplace, your interest rate will never go below the guaranteed minimum.
- (5)
- | | |
|--|--------|
| LOAN BALANCE OF LAST REPORT DATE | \$0.00 |
| NEW LOANS DURING THIS PERIOD | \$0.00 |
| LOAN REPAYMENTS MADE THIS PERIOD | \$0.00 |
| INTEREST ON LOANS (PREVIOUS BALANCE AND LOANS THIS PERIOD) | \$0.00 |
| NEW LOAN BALANCE | \$0.00 |
- Any outstanding policy loans will reduce the Life Insurance Benefit
- (6) The current policy value for your policy is sufficient to keep the policy in force until May 1, 2052. This assumes that the current interest rate and current cost of insurance rates apply until that date.
- (7) The current policy value for your policy is sufficient to keep the policy in force until Mar 1, 2035. This assumes that the guaranteed minimum interest rate and guaranteed maximum cost of insurance rates apply until that date.

POLICY ACTIVITY REPORT

<u>POLICY MONTH</u>	<u>PREMIUM</u>	<u>EXPENSE CHARGES</u>	<u>COST OF INSURANCE</u>	<u>PARTIAL WITHDRAWALS</u>	<u>INTEREST CREDITED*</u>	<u>END OF MONTH POLICY VALUE</u>
					-	\$0.00
Jan	\$567.20	\$0.00	\$0.95	\$0.00	\$7.37	\$1,782.35
Feb	\$0.00	\$0.00	\$0.95	\$0.00	\$6.68	\$1,788.08
Mar	\$0.00	\$0.00	\$0.95	\$0.00	\$7.42	\$1,794.56
Apr	\$0.00	\$0.00	\$0.95	\$0.00	\$7.21	\$1,800.81
May	\$0.00	\$0.00	\$0.95	\$0.00	\$7.47	\$1,807.34
Jun	\$0.00	\$0.00	\$0.94	\$0.00	\$7.26	\$1,813.66
Jul	\$0.00	\$0.00	\$0.94	\$0.00	\$7.53	\$1,820.24
Aug	\$0.00	\$0.00	\$0.94	\$0.00	\$7.55	\$1,826.86
Sep	\$0.00	\$0.00	\$0.94	\$0.00	\$7.34	\$1,833.25
Oct	\$0.00	\$0.00	\$0.94	\$0.00	\$7.61	\$1,839.92
Nov	\$0.00	\$0.00	\$0.94	\$0.00	\$7.39	\$1,846.37
Dec	\$0.00	\$0.00	\$0.94	\$0.00	\$7.66	\$1,853.09
TOTAL:	\$567.20	\$0.00	\$0.00	\$0.00	\$0.00	

*Interest is credited from date of receipt of premium shown below, at rate(s) in effect at the beginning of THE policy year.

TRANSAMERICA LIFE INSURANCE COMPANY
REPORT TO OWNER OF FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE POLICY
(Page 3 of 3)

DETAILED LISTING

<u>DATE</u>	<u>TYPE</u>	<u>AMOUNT</u>
-------------	-------------	---------------

IMPORTANT POLICY OWNER NOTICE: You should consider requesting more detailed information about your policy to understand how it may perform in the future. You should not consider replacement of your policy or make changes in your coverage without requesting a current illustration. You may annually request, without charge, such an illustration by calling 1-888-804-8461, writing to

TRANSAMERICA LIFE INSURANCE COMPANY
4333 Edgewood Road NE, Mail Stop 2390
Cedar Rapids, Iowa 52499

or contacting your insurance producer. If you do not receive a current illustration of your policy within 30 days from your request, you should contact your state insurance department.

Transamerica Life Insurance Company
4333 Edgewood Rd. NE
Cedar Rapids, IA 52499
PHONE (319) 355-8511

STATEMENT OF POLICY COST AND BENEFIT INFORMATION

Date	: January 1, 2009	Issue Age:	35 / MALE
Policy Number:	110 01 SAMPLE	Premium Class:	Standard
Prepared For :	John Doe	Policy Loan Interest Rate:	4.00%
Presented By :	Joe Agent	Withdrawal Fee:	\$0
	Mkt Org 02	Death Benefit Option:	1
	Company 01		
	Cedar Rapids, IA 52406	COVERAGES	UNITS
Form Number:	EM ASAP4 0609 (non participating)	Base	25.000

Flexible Premium Life Insurance
*****IMPORTANT NOTICE*****
READ YOUR POLICY ILLUSTRATION CAREFULLY

Policy Year	Gross Premium	Death Benefit	Guaranteed Cash Surrender Value
1	1,000	25,000	66
2	1,000	25,000	847
3	1,000	25,000	1,668
4	1,000	25,000	2,479
5	1,000	25,000	3,330
6	1,000	25,000	4,172
7	1,000	25,000	5,028
8	1,000	25,000	5,926
9	1,000	26,394	6,810
10	1,000	28,567	7,729
15	1,000	37,682	12,806
20	1,000	44,135	17,796
@60	1,000	49,274	23,689
@62	1,000	50,244	25,635
@65	1,000	51,811	28,467

Cost Indexes Per \$1000	10 Year	20 Year
Net Payment Index	39.36	33.40
Surrender Cost Index	16.33	16.28

AN EXPLANATION OF THE USE OF THESE INDEXES IS INCLUDED IN THE LIFE INSURANCE BUYER'S GUIDE

To: Commissioner of Insurance, Arkansas Department of Insurance

Re: Illustration Certification Form EM ASAP4 0609
Transamerica Life Insurance Company

I, Trent L. Werner, am Vice President for the Financial Marketing Division of the company listed above. I am a member in good standing with the American Academy of Actuaries. I was appointed by the Boards of Directors for this company to be the Illustration Actuary for all plans that are listed in the attachment to this certification. I meet the American Academy requirements for making this certification and the requirements of applicable state regulations.

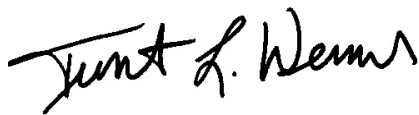
I certify that the scales used in illustrating non-guaranteed elements for the plans of insurance listed in the attachment meet the requirements of the applicable statutes and regulations of this state. The disciplined current scale for these plans, including all riders and supplementary benefits, is in conformity with the Actuarial Standard of Practice for Compliance with the NAIC Life Insurance Illustration Model Regulation (ASOP 24), promulgated by the Actuarial Standards Board.

Illustrated non-guaranteed elements for new and in-force policies subject to this regulation are consistent with the non-guaranteed elements actually credited or charged.

Non-guaranteed elements illustrated for new policies are consistent with those illustrated for similar in-force policies.

Fully Allocated Expenses were the minimum expenses used in the determination of the disciplined current scales for all policy forms subject to this regulation.

I have reviewed the information and the work performed and am satisfied with its reasonableness.



Trent L. Werner, ASA, MAAA
Vice President
Illustration Actuary
Transamerica Life Insurance Company
4333 Edgewood Road NE
Cedar Rapids, IA 52499
(319) 355-8685

10/6/2009
Date

Home Office:

Transamerica Life Insurance Company

Street Address:

4333 Edgewood Road, Northeast
Cedar Rapids. IA 52499
(319) 355 - 4433

Mailing Address:

P.O. Box 1447
Cedar Rapids, IA 52499

Ins. Department

Arkansas Insurance Department

Consumer Service Division

1200 W. 3rd Street

Little Rock, AR 72201- 1904

Telephone - (501) 371- 1600

Legal Division - (501) 371- 2820

Service Agent:

LIMITATIONS AND EXCLUSIONS UNDER THE ARKANSAS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting companies that are well-managed and financially stable.

DISCLAIMER

The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

**The Arkansas Life and Health Insurance Guaranty Association
c/o The Liquidation Division
1023 West Capitol
Little Rock, Arkansas 72201**

**Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904**

The state law that provides for this safety-net is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Following is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

(Please turn to back of page)

COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons owning such policies are **NOT** protected by this Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an Insurance exchange.

The Guaranty Association also does **NOT** provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employer's plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contractholders, not individuals);
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC") (whether the FPBC is yet liable or not);
- Portions of an unallocated annuity contract not owned by a benefit plan or government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees).

LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover. The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 - no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net cash surrender values - again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are the limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.

<i>SERFF Tracking Number:</i>	<i>AEGE-126369312</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Transamerica Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>43973</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium Adjustable Life</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
<i>Product Name:</i>	<i>SEVV Pathway</i>		
<i>Project Name/Number:</i>	<i>SEVV4/EM ASAP4 0609</i>		

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
11/03/2009	Form	Flexible Premium Adjustable Life Insurance Policy	11/06/2009	ASAP4 STD.pdf (Superceded)



TRANSAMERICA LIFE INSURANCE COMPANY

A Stock Company

Home Office: 4333 Edgewood Road N.E., Cedar Rapids, Iowa 52499
(Hereafter called the Company, we, our or us) - (319) 355 -4433

INSURED: <JOHN DOE>

OWNER: <ABC CORPORATION>

POLICY NUMBER: <SAMPLE>

INITIAL SPECIFIED AMOUNT: <\$25,000.00>

EFFECTIVE DATE: <09/30/09>

The Company will pay the benefits of this policy in accordance with its provisions. The pages that follow are also a part of this policy.

RIGHT TO EXAMINE POLICY. Please examine your policy. Within 10 days after delivery, you can return the policy to the Company or to the agent through whom it was purchased. This is the Free Look Period. If this policy is returned, the policy will be void from the start and a refund will be made. The amount we refund will equal the greater of the policy's Policy Value as of the date the policy is returned or the premiums paid, less withdrawals.

If this policy has been issued as the result of a replacement of another insurance policy, your right to cancel this policy is extended to a period of thirty (30) days from the date you received the policy.

Payment of Premiums. While this policy is in force, premiums can be paid at any time before the Policy Anniversary on which the Insured is age 100, and while the Insured is living. They can be paid at any interval or by any method we make available, subject to the Premiums section. The amount and interval of planned premiums, as stated in the application for this policy are shown on the Policy Specification page and are subject to any limits we set.

Signed for us at our home office

Secretary

President

This policy is a legal contract between the Policyowner and the Company.

READ YOUR POLICY CAREFULLY

**FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE POLICY
PROCEEDS PAYABLE AT INSURED'S DEATH
NON-PARTICIPATING**

DEFINITIONS

When we use the following words, this is what we mean:

AGE - The Insured's age at the Insured's death.

BENEFICIARY - The person(s) to receive the proceeds in the event of the Insured's death.

CASH SURRENDER VALUE - The amount payable upon surrender of the policy equal to the Policy Value as of the date of surrender, less the Loan Amount, and less surrender charges.

CREDITED RATE PORTFOLIO - Shown on the Policy Specification page.

GRACE PERIOD - The period of time that coverage is continued after the Cash Surrender Value is less than the Monthly Deduction Charge for the next Policy Month.

IN FORCE - The period of time the insured's life remains insured under the terms of this policy.

INDEBTEDNESS - All policy loans including accrued loan interest.

THE INSURED - The person whose life is insured under this policy as shown on page 3.

MONTHLY DATE - The same day of each month as the Policy Date while this policy remains in force.

MONTHLY DEDUCTION - Includes monthly cost of insurance, monthly policy charge, and any charge for substandard premium class as shown on the Policy Specifications page.

MONTHLY DEDUCTION DAY - The same date in each succeeding month as the Policy Date.

NET AMOUNT AT RISK - The difference between the life insurance benefit and the Policy Value.

PARTIAL WITHDRAWAL - An amount withdrawn from the Cash Surrender Value which results in a reduction in the Cash Surrender Value by the amount withdrawn.

POLICY ANNIVERSARY - The same day and month as this policy date for each succeeding year this policy remains in force.

POLICY DATE - The date coverage under this policy becomes effective and the date from which policy anniversaries, policy years, and policy months are determined. Coverage shall become effective when the application has been approved by us, the policy has been accepted by you, and the initial premium has been paid while the Insured is alive.

POLICY MONTH - A one- month period beginning on the Monthly Deduction Day.

POLICY YEAR - A twelve- month period beginning on the Policy Date or on the Policy Anniversary.

PROCEEDS - The amount we are obligated to pay under the terms of this policy when your policy is surrendered or when the insured dies.

SPECIFIED AMOUNT - The Specified Amount shown on the Policy Specifications page plus or minus any changes made.

WRITTEN REQUEST - A request in writing signed by you on a form agreeable to us.

YOU, YOUR - The owner of this policy is as shown in the application, unless subsequently changed as provided for in this policy. The owner is the insured unless otherwise stated.

POLICY SPECIFICATION PAGE

POLICY NUMBER: <SAMPLE> INSURED:<JOHN DOE>

INITIAL SPECIFIED AMOUNT: <\$25,000.00> AGE / SEX: <35 / MALE>

<SUBSTANDARD BASIS>

<Percentage Extra: 50%>

<Annual Flat Extra: \$ 1.20>

<Flat Extra Years: 1 - 6>

POLICY DATE: <09/30/09> OWNER: <ABC CORPORATION>

LIFE INSURANCE BENEFIT OPTION: <1>

INITIAL CREDITED RATES:

<Corporate Credited Rate Portfolio: 4.50%>

<Mortgage Credited Rate Portfolio: 2.50%>

INITIAL CREDITED RATE PORTFOLIO ALLOCATON:

<Corporate Credited Rate Portfolio: XX.X%>

<Mortgage Credited Rate Portfolio: XX.X%>

LIFE INSURANCE COMPLIANCE TEST: <GUIDELINE PREMIUM>

PERCENT OF PREMIUM LOADS: 10.00%

MONTHLY POLICY CHARGE: \$10.00

PARTIAL WITHDRAWAL CHARGE: LESSER OF \$25 OR 2% OF THE AMOUNT REQUESTED

GUARANTEED INTEREST RATE: 0%

MAXIMUM NET AMOUNT AT RISK: <\$75,000,000.00>

PREMIUM CLASS: <SUBSTANDARD TOBACCO>

TYPE OF COVERAGE	SPECIFIED AMOUNT	PREMIUM <ANNUAL>
BASIC POLICY	<\$25,000.00>	<\$1,000.00>
Total Initial Premium Payment.		<\$1,000.00>
Total Planned Premium.		<\$1,000.00>

POLICY SPECIFICATION PAGE (Continued)

The Surrender Charge as a dollar amount per \$1,000 of Specified Amount is as follows:

Policy Year	Surrender Charge
1	<28.00>
2	<28.00>
3	<27.00>
4	<27.00>
5	<26.00>
6	<26.00>
7	<26.00>
8	<25.00>
9	<25.00>
10	<24.00>
11	<24.00>
12	<23.00>
13	<17.25>
14	<11.50>
15	<5.75>
16 and later	\$0.00

GENERAL PROVISIONS

THE CONTRACT

Your policy is issued in consideration of the application and the payment of the initial premium.

Your policy, the copy of the application, and any other supplemental applications attached to it contain the entire contract between you and us. Any statements made in the application(s) either by you or by the insured will, in the absence of fraud, be considered representations and not warranties. No statement made in connection with the application(s) will be used to us to void this policy or to deny a claim unless that statement is a material misrepresentation and is part of the application.

No change or waiver of any of the provisions of this policy will be valid unless made in writing by us and signed by our president, a vice president, our secretary or an officer of the company. No agent or other person has the authority to change or waive any provision of your policy.

Any extra benefit rider attached to this policy will become a part of this policy and will be subject to all the terms and conditions of this policy unless we state otherwise in the rider.

SUICIDE EXCLUSION

If the Insured, whether sane or insane, dies by suicide, within two years from the policy date, our liability will be limited to an amount equal to the premiums paid for this policy less any loan and less any Partial Withdrawals.

If the policy is reinstated as described in the Reinstatement section, then the two year suicide exclusion period for such reinstatement will begin on the date on which the reinstatement takes effect.

INCONTESTABILITY

We cannot contest this policy after it has been force during the lifetime of the Insured for two years after the Policy Date. If the policy is reinstated as described in the Reinstatement section, the two year contestable period will begin on the day of reinstatement and is based only on statements in the reinstatement application, unless the original contestable period has not yet expired.

An increase in the amount of insurance will be incontestable after such increase has been inforce for two years from the date of the increase.

ASSIGNMENT

Your policy may be assigned by you. The assignment must be in writing and filed at our home office. The assignment will take effect on the date the notice of assignment is signed by the owner. We assume no responsibility for the validity or effect of any assignment of this policy or of any interest in it. Any proceeds which become payable to an assignee will be payable in a single sum subject to any payment we make or other action we take before we record assignment. Any claim made by an assignee will be subject to proof of the assignee's interest and the extent of the assignment.

MISSTATEMENT OF AGE OR SEX

If the age and/or sex of the Insured has been misstated, the death benefit will be adjusted to that which would have been purchased by the most recent cost of insurance charge at the correct age and/or sex. If required by law, the Insured's sex will not affect the values of this policy.

BENEFICIARY

When we receive due proof of the Insured's death, we will pay the proceeds of this policy to the beneficiary or beneficiaries who are named in the application for this policy unless you subsequently change the beneficiary. In that event, we will pay the proceeds to the beneficiary named in your last change of beneficiary request as provided for in this policy.

If a primary or contingent beneficiary dies before the Insured, that beneficiary's interest in this policy ends with that beneficiary's death. Only those beneficiaries who survive the Insured will be eligible to share in the proceeds. If no beneficiary survives the Insured, we will pay the proceeds of this policy to you, if living, otherwise to your estate.

GENERAL PROVISIONS, Continued

CHANGE OF OWNER OR BENEFICIARY

If you have reserved the right to change the owner or beneficiary, you can file a written request with us on a form satisfactory to the company to make such a change. If you have not reserved the right to change the beneficiary, the written consent of the irrevocable beneficiary will be required. Your written request will not be effective until it is recorded in our home office records. After it has been so recorded, it will take effect as of the date you signed the request subject to any payment we made or action we took before recording the change.

NONPARTICIPATING

This policy will not share in our surplus distributions.

EXPERIENCE CREDITS

Certain Policies with the same Owner that we determine satisfy our guidelines will be eligible for experience credits. The amount of the experience credit, if any, will be allocated pro rata to the policies that qualify for such credit, or in some other manner as agreed to by us.

MAXIMUM NET AMOUNT AT RISK

The Maximum Net Amount at Risk for the policy is shown on the Policy Specifications page. If the policy's Net Amount at Risk exceeds this maximum, we reserve the right to reduce the death benefit and make any appropriate withdrawals of cash values or return of premiums in order to reduce the net amount at risk to the Maximum Net Amount at Risk.

POLICY AMENDMENTS

The policy will be amended to reflect any changes in the policy Specified Amount, Life Insurance Benefit Options, and additions or deletions of riders.

STATEMENT OF ACCOUNT

A Statement of Account will be provided to the owner each year free of charge. The report will contain current information as of the most recent Anniversary, which will be no later than four months prior to the mailing. The report will include:

- (a) The beginning and ending dates of the current reporting period.
- (b) The Cash Value, if any, at the beginning of the current report period and at the end of the current report period.
- (c) The type and amounts that have been credited and debited to the Cash Value during the current reporting period.
- (d) The current Life Insurance Benefit at the end of the current report period on each life covered by the policy.
- (e) The amount of outstanding loans, if any, at the end of the current report period.
- (f) If applicable, a notice that the insurance will not remain in force until the end of the next reporting period, assuming guaranteed interest, mortality and expense loads, unless further premium payments are made.

A new projection is available on an annual basis. Additional projections are available but may incur a fee, not to exceed \$25.00

PREMIUMS

PREMIUM LIMITATIONS

If a premium payment results in an increase in the death benefit, we reserve the right to require proof of insurability.

Premium payments may not be made if you chose the Guideline Premium method of compliance and if such payments would disqualify the policy as life insurance, as defined under Section 7702 of the Internal Revenue Code of 1986, as amended. If the premium paid during any Policy Year exceeds the maximum permitted under the Internal Revenue Code, we will return any such excess within 60 days after the end of the Policy Year with interest at a rate of not less than 2% unless such premium is necessary to continue coverage.

PREMIUM PAYMENTS

At any time before the Policy Anniversary on which the Insured is age 100, and while the Insured is living, premiums can be paid at any frequency or by any method we make available. You may allocate premiums to any of the Credited Rate Portfolios we make available. Premium payments will be allocated to the Credited Rate Portfolios according to the allocation election in effect when we receive such payments. Premiums are payable at our Home Office. The Policy Value is based on the amount and frequency of premiums that have been paid. Please refer to the Policy Value Section for full details.

The amount of the initial premium and the amount of planned premiums as stated in the application are shown on the Policy Specifications page. The amount of any planned premium may be increased or decreased subject to the limits we set. Planned premiums end on the Policy Anniversary on which the Insured is age 100.

You may elect not to make a planned premium payment at any time. You may also make other premium payments that are not scheduled.

GRACE PERIOD

This policy and its riders will continue in effect as long as the Cash Surrender Value is sufficient to pay monthly deduction charges.

If on a Monthly Date the Cash Surrender Value is less than the Monthly Deduction charges for the next Policy Month, the policy will continue for a Grace Period of 62 days after the date we mail the notice described below. If we do not receive a premium payment postmarked within the Grace Period sufficient to pay the Monthly Deduction charges, the policy will end and there will be no more benefits under the policy. To inform you of this event, we will mail a notice to you at your last known address. We will also mail a copy of the notice to the last known address of any assignee on our records.

If the Insured dies during a Grace Period, we will pay the life insurance benefit. However, the proceeds will be reduced by the amount of any unpaid loan and Monthly Deduction charges for the full policy month or months that run from the beginning of the Grace Period, through the policy month in which the Insured died.

REINSTATEMENT

Within 5 years after the policy has ended, you may apply in writing to reinstate the policy (and any other benefits provided by riders), if you did not surrender it for its full Cash Surrender Value. When you apply, you must provide proof of insurability that is acceptable to us, unless the required payment is made within 31 days after the end of the Grace Period.

The required payment will be an amount sufficient to keep this policy in force for at least 2 months. This payment will be in lieu of the payment of all premiums in arrears. Any unpaid loan must either be reinstated, or it must be repaid. Loan interest will be applied compounded once each year from the end of the Grace Period to the date of reinstatement.

The effective date of reinstatement will be the Monthly Date on or following the date we approve the request for reinstatement signed by you.

SEPARATE ACCOUNT

The underlying assets for this policy have been placed in a separate account established by the Company. The values of this policy will not vary directly in relation to the performance of such underlying assets.

The Assets of the separate account are our property. Assets equal to the reserve and other contractual liabilities under all policies issued in connection with the separate account will not be charged with liabilities arising out of any other business we may conduct.

We reserve the right to transfer assets of the separate account in excess of the reserves and other contract liabilities with respect to the separate account to our general account. An investment objective of the separate account may be changed. It will only be changed if approved by the appropriate insurance official of the State of Iowa or deemed approved in accordance with such law or regulation. If required, the request to obtain such approval will be filed with the insurance official or the state or district in which this policy is delivered.

POLICY VALUES

SPECIFIED AMOUNT

The Initial Specified Amount for your policy is shown on the Policy Specifications page. If a Partial Withdrawal is taken, the Specified Amount will change as described under Partial Withdrawals. Any change in the Specified Amount will take effect on the date of the Partial Withdrawal. An increase in the Specified Amount will take effect on the Monthly Deduction Day on or after the day we approve your request for the increase. If your Specified Amount changes, we will send you an endorsement showing the new Specified Amount.

INTEREST FROM DATE OF DEATH

If the proceeds under this policy are not paid within thirty days after we receive due proof of the death of the Insured (or where required by law within thirty days after the death of the insured), we will pay interest on the proceeds from the date of receipt of due proof of death to the date of payment. The interest rate will be at the legal rate.

POLICY VALUE

The Policy Value on the Policy Date is equal to the Premium received less percent of premium load, not to exceed the guaranteed load on the Policy Specifications page, less the Monthly Deduction. Thereafter the Policy Value will be determined on each Monthly Date after the Policy Date as follows:

The Policy Value as of the prior Monthly Date,
PLUS premiums paid since the prior Monthly Date,
LESS percent of premium load, not to exceed the guaranteed load on the Policy
Specification page,
PLUS interest earned for the prior month,
MINUS the Monthly Deduction,
MINUS all Partial Withdrawals since the prior Monthly Date.

On any day between Monthly Dates, the Policy Value will be determined as follows:

The Policy Value as of the prior Monthly Date,
PLUS premiums paid since the prior Monthly Date,
LESS percent of premium load, not to exceed the guaranteed load on the Policy
Specifications page,
MINUS all Partial Withdrawals since the prior Monthly Date,
PLUS interest earned since the last Monthly Date.

MONTHLY DEDUCTION

Each Monthly Deduction consists of:

The monthly cost of insurance,
PLUS a monthly policy charge, not to exceed the guaranteed charge on the Policy
Specifications page,
PLUS any premium for additional benefits provided by riders
(See Policy Specifications page),
PLUS any charges for substandard premium class rating.
All Monthly Deductions will be made pro- rata from the Credited Rate Portfolios.

COST OF INSURANCE

The monthly cost of insurance is determined by multiplying the difference between the Life Insurance Benefit and the Policy Value on each Monthly Deduction Day by the monthly per dollar cost of insurance rate.

The monthly guaranteed cost of insurance rates as shown in the Guaranteed Monthly Cost of Insurance Table, are based on the Insured's:

- 1) Gender, unless prohibited by law,
- 2) Attained age.

We may use Cost of Insurance Rates lower than the guaranteed rates but will never charge rates in excess of the Guaranteed Cost of Insurance Rates. Any change in the cost of insurance rate will be on a uniform basis for all insured's of the same classification and will reflect future anticipated or emerging mortality, persistency, and expense experience.

If you increase the Specified Amount, the cost of insurance for each increase will be based on the attained age, sex and premium class of the original policy.

CREDITED RATE

Amounts in each Credited Rate Portfolio are credited interest at a rate we declare in advance for that Credited Rate Portfolio at least annually. The minimum credited rate for each Credited Rate Portfolio is 0%. The Initial Credited Rates for each Credited Rate Portfolio are shown on the Policy Specifications page. We may apply a credited rate less than the current rate to separate portions of the Policy Value including the amount of the Policy Value equal to any outstanding loan. All premiums allocated to or transferred into a Credited Rate Portfolio receive the credited rate in effect at that time.

You may transfer up to 100% of the Policy Value between Credited Rate Portfolios each year. One transfer per year will be allowed on each Policy Anniversary with notification 35 days prior. Transfers will be effective on the Policy Anniversary that next follows receipt of your signed written request in our Home Office by at least 35 days. We may declare new credited rates for the Credited Rate Portfolios on the effective date of any transfer.

LIFE INSURANCE BENEFITS

Life Insurance Benefit Payable Under This Policy

We will pay the Life Insurance Benefit to the beneficiary promptly, when we have proof that the Insured died while the life insurance coverage under this policy was in effect, subject to the General Provisions Section. A claim for the Life Insurance Benefit must be made in writing to our Home Office.

Amount of Life Insurance Benefit Proceeds Payable Under This Policy

The amount of Life Insurance Benefit proceeds payable under this policy will be based on the Life Insurance Benefit Option and the Specified Amount in effect on the date of death. Any indebtedness will be deducted from the Life Insurance Benefit

The Life Insurance Benefit Options

The Life Insurance Benefit payable under this policy will be determined in accordance with one of the following options:

Option 1:

Under this option, the Life Insurance Benefit is no less than the greater of (a) or (b), where:

- (a) is the Specified Amount; and
- (b) is the death benefit ratio times the Policy Value.

Option 2:

Under this option, the Life Insurance Benefit is no less than the greater of (a) or (b), where:

- (a) is the Specified Amount plus the Policy Value; and
- (b) is the death benefit ratio times the Policy Value.

Option 3:

Under this option, the Life Insurance Benefit is no less than the greater of (a) or (b) where

- (a) is the Specified Amount plus the sum of premiums paid less the sum of Partial Withdrawals;
- (b) is the death benefit ratio times the Policy Value.

Compliance with the Federal Tax Code

This policy qualifies as life insurance under Internal Revenue Code Section 7702. You may choose either of two methods to comply. Your choice is shown on the Policy Specification page as Life Insurance Compliance Test. If you choose GUIDELINE PREMIUM, the death benefit ratios are as follows:

<u>Insured's Age on Policy Anniversary</u>	<u>Death Benefit Ratio</u>	<u>Insured's Age on Policy Anniversary</u>	<u>Death Benefit Ratio</u>
0- 40	2.50	68	1.17
41	2.43	69	1.16
42	2.36	70	1.15
43	2.29	71	1.13
44	2.22	72	1.11
45	2.15	73	1.09
46	2.09	74	1.07
47	2.03	75	1.05
48	1.97	76	1.05
49	1.91	77	1.05
50	1.85	78	1.05
51	1.78	79	1.05
52	1.71	80	1.05
53	1.64	81	1.05
54	1.57	82	1.05
55	1.50	83	1.05
56	1.46	84	1.05
57	1.42	85	1.05
58	1.38	86	1.05
59	1.34	87	1.05
60	1.30	88	1.05
61	1.28	89	1.05
62	1.26	90	1.05
63	1.24	91	1.04
64	1.22	92	1.03
65	1.20	93	1.02
66	1.19	94- 99	1.01
67	1.18	100 & Over	1.00

If you chose CASH VALUE ACCUMULATION, your limitation percentages are as follows:

<u>Insured's Age on Policy Anniversary</u>	<u>Death Benefit Ratio</u>		<u>Insured's Age on Policy Anniversary</u>	<u>Death Benefit Ratio</u>	
	<u>Male</u>	<u>Female</u>		<u>Male</u>	<u>Female</u>
20	7.73	9.01	60	2.08	2.34
21	7.48	8.70	61	2.02	2.27
22	7.24	8.39	62	1.96	2.21
23	7.01	8.10	63	1.91	2.15
24	6.78	7.82	64	1.86	2.09
25	6.56	7.54	65	1.82	2.03
26	6.34	7.28	66	1.77	1.98
27	6.13	7.02	67	1.73	1.93
28	5.93	6.78	68	1.69	1.88
29	5.74	6.54	69	1.65	1.83
30	5.55	6.31	70	1.61	1.79
31	5.36	6.09	71	1.57	1.74
32	5.18	5.88	72	1.54	1.70
33	5.00	5.68	73	1.50	1.66
34	4.83	5.48	74	1.47	1.62
35	4.67	5.29	75	1.44	1.58
36	4.51	5.11	76	1.41	1.55
37	4.36	4.93	77	1.38	1.51
38	4.21	4.76	78	1.36	1.48
39	4.06	4.60	79	1.33	1.45
40	3.93	4.44	80	1.31	1.42
41	3.79	4.29	81	1.29	1.39
42	3.67	4.15	82	1.27	1.37
43	3.55	4.01	83	1.25	1.34
44	3.43	3.87	84	1.23	1.32
45	3.32	3.74	85	1.22	1.30
46	3.21	3.62	86	1.20	1.28
47	3.11	3.50	87	1.19	1.26
48	3.01	3.38	88	1.17	1.24
49	2.91	3.27	89	1.16	1.22
50	2.82	3.17	90	1.15	1.20
51	2.73	3.07	91	1.14	1.19
52	2.64	2.97	92	1.13	1.17
53	2.56	2.88	93	1.12	1.15
54	2.48	2.79	94	1.11	1.13
55	2.41	2.70	95	1.10	1.12
56	2.33	2.62	96	1.09	1.10
57	2.27	2.55	97	1.07	1.08
58	2.20	2.47	98	1.05	1.06
59	2.14	2.40	99	1.02	1.02
			100+	1.01	1.01

The Life Insurance Compliance Test may not be changed while this policy is in force.

LOAN VALUES

LOANS

You may borrow up to the Cash Surrender Value of your policy. Upon request, we will send you a loan agreement for your signature. We have the right to postpone your loan for up to 6 months, unless for payment of premium to us. Loans will be made pro-rata from the Credited Rate Portfolios.

The portion of your policy value equal to the outstanding loan amount will be credited 2.0% interest.

Loans have priority over the claims of any assignee or other person. Your policy is the sole security for all loans.

We cannot void a policy which becomes overloaned until one month after notice has been mailed to the last known address of both the owner and the assignee if any, or the end of the Grace Period if later..

LOAN INTEREST PROVISION

The Loan Interest Rate is 0.32737% per month, compounded monthly which is equivalent to 4.0% per year. Interest not paid when due will be added to the loan. Interest on policy loans is due on each Policy Anniversary.

LOAN REPAYMENT

You can repay all or part of a loan at any time while this policy is in force. Each payment must be at least \$25.00 unless the loan amount is less than \$25.00 in which case full payment is required. Payments not specified as premium payments will be automatically applied as loan repayments. Loan repayments will be allocated to the Credited Rate Portfolios according to the allocation election in effect when we receive the loan repayment.

We will not void this policy for failure to repay any loan or interest until the total indebtedness shall equal or exceed the Policy Value less the surrender charge.

NONFORFEITURE OPTIONS

CASH SURRENDER VALUE

You may surrender your policy for its Cash Surrender Value. Your Cash Surrender Value equals:

The Policy Value,
MINUS The Surrender Charge, if any,
MINUS Any Indebtedness.

If you surrender this policy within 30 days after a policy anniversary, the Cash Surrender Value shall not be less than the Cash Surrender Value on that anniversary less any indebtedness or Partial Withdrawals made on or after that anniversary.

Surrender will be effective on the Monthly Date following the date we receive written request. We may require that your policy be sent in with your written request before making surrender payment.

We may defer payment of any Cash Surrender Value by not more than six months.

When you surrender your policy for its Cash Surrender Value, your policy will terminate.

SURRENDER CHARGES

Surrender Charges as dollar amounts per \$1,000 of Specified Amount are on Page 3A.

The Surrender Charge is equal to (a) multiplied by (b) divided by (c), where:

(a) is the dollar amount per \$1,000 listed on Page 3A;

(b) is the Specified Amount as of the Policy Date plus any increases in the Specified Amount;

(c) is \$1,000.

If you request a Partial Withdrawal before the 15th Policy Anniversary, we will assess a partial surrender charge on the withdrawal. The partial surrender charge will equal the Surrender Charge multiplied by a percentage equal to the portion of the Policy Value withdrawn. After we assess a partial surrender charge, the Surrender Charge per \$1,000 of Specified Amount on Page 3A for that year and subsequent years will be reduced proportionately.

PARTIAL WITHDRAWALS

After the first policy anniversary you may request a Partial Withdrawal of your Cash Surrender Value of at least \$500. The full Cash Surrender Value may be withdrawn provided at least \$500 of Cash Surrender Value would remain after payment of the withdrawal. The total amount withdrawn equals the Partial Withdrawal plus a processing charge equal to the lesser of \$25 or 2% of the amount requested.

The Policy Value will be reduced by the total amount of the withdrawal. Withdrawals will be made pro-rata from the Credited Rate Portfolios. If Life Insurance Benefit Option One is in effect, the Specified Amount will also be reduced by the total amount of the withdrawal. No Partial Withdrawal may reduce the Specified Amount below \$25,000.

We must receive your signed request at our Home Office in order to withdraw funds from the policy. We may defer payment of any Partial Withdrawal by not more than six months.

BASIS USED FOR CALCULATION

Minimum Nonforfeiture Values for this policy are based on the Commissioner's Male or Female 2001 Standard Ordinary Mortality Table, Age Last Birthday with interest at 2.0% compounded annually. The guaranteed minimum policy value is based on interest at 2.0% compounded annually and Monthly Guaranteed Cost of Insurance Rates. Reserves are not less than the required minimum reserves and shall never be less than the Cash Surrender Value.

All of the values are equal to or greater than the minimums set by laws of the states where the policy is delivered. If required, we have filed a detailed statement about this with your State Insurance Department. It shows the figures and methods used.

GUARANTEED MONTHLY COST OF INSURANCE RATES
Per \$1000

When insurance is sold on a substandard basis, the Guaranteed Cost of Insurance Rates shown below are increased 25% for each additional rating class above standard.

<u>ATTAINED</u> <u>AGE</u>	<u>MALE</u>	<u>FEMALE</u>	<u>ATTAINED</u> <u>AGE</u>	<u>MALE</u>	<u>FEMALE</u>
20	\$0.08333	\$0.03916	60	\$0.86666	\$0.69500
21	0.08416	0.04083	61	0.96583	0.75250
22	0.08500	0.04166	62	1.08166	0.81333
23	0.08666	0.04250	63	1.20583	0.87916
24	0.08833	0.04416	64	1.33666	0.95000
25	0.09083	0.04583	65	1.47083	1.02750
26	0.09500	0.04833	66	1.60583	1.11250
27	0.09750	0.05083	67	1.74666	1.20666
28	0.09666	0.05333	68	1.89500	1.30916
29	0.09583	0.05583	69	2.05750	1.42333
30	0.09500	0.05833	70	2.24500	1.55250
31	0.09416	0.06250	71	2.47583	1.69833
32	0.09500	0.06583	72	2.74500	1.85750
33	0.09666	0.07083	73	3.02666	2.03250
34	0.09916	0.07666	74	3.33000	2.22333
35	0.10333	0.08333	75	3.66250	2.43333
36	0.10916	0.08916	76	4.03666	2.66250
37	0.11583	0.09500	77	4.47250	2.91416
38	0.12416	0.10000	78	4.97666	3.19000
39	0.13250	0.10500	79	5.54000	3.49333
40	0.14333	0.11166	80	6.16833	3.86916
41	0.15583	0.11916	81	6.85000	4.33000
42	0.17083	0.12750	82	7.56833	4.81666
43	0.18916	0.13750	83	8.35166	5.32833
44	0.21000	0.14916	84	9.22416	5.89500
45	0.23083	0.16333	85	10.19666	6.46583
46	0.25250	0.18000	86	11.26416	7.14000
47	0.27083	0.19833	87	12.41583	7.97416
48	0.28500	0.22000	88	13.63833	8.85416
49	0.30333	0.24416	89	14.91916	9.72333
50	0.32583	0.27000	90	16.19000	10.35166
51	0.35500	0.30000	91	17.43916	10.96083
52	0.39166	0.33250	92	18.74500	11.97666
53	0.43416	0.36750	93	20.12166	13.35083
54	0.48583	0.40500	94	21.57166	15.07500
55	0.54333	0.44666	95	23.01000	16.95666
56	0.60500	0.49250	96	24.41250	18.80750
57	0.66250	0.54083	97	25.90500	20.00583
58	0.71916	0.59083	98	27.49583	20.64916
59	0.78500	0.64166	99	29.19333	21.99833
			100+	0.00000	0.00000

PAYMENT OF POLICY PROCEEDS

PAYMENT OF POLICY PROCEEDS

We will pay the policy proceeds in one sum or, if elected, all or part of these proceeds may be placed under the fixed period option described in this section. If we agree, the proceeds may be placed under some other method of payment instead.

Any life insurance proceeds paid in one sum will bear interest compounded each year from the Insured's death to the date of payment. We set the interest rate each year. This rate will be at least 2% per year, and will not be less than required by law.

ELECTING AN OPTIONAL METHOD OF PAYMENT

While the Insured is living, you can elect or change an option. You can also name or change one or more beneficiaries who will be the payee or payees under that option subject to our prior approval.

After the Insured dies, any person who is to receive proceeds in one sum (Other than an assignee) can elect an option and name payees. The person who elects an option can also name one or more successor payees to receive any unpaid amount we have at the death of the payee. Naming these payees cancels any prior choice of successor payee.

A payee who did not elect the option does not have the right to advance or assign payment, take payments in one sum, or make any other change. However, the payee may be given the right to do one or more of these things if the person who elects the option tells us in writing and we agree.

OPTION CHANGES

If we agree, a payee who elects a fixed period option may later elect to have any unpaid amount we still have, or the present value of any elected payments, placed under some other option that we are offering at that time.

MINIMUM PAYMENTS

When any payment under an option would be less than \$100, we may pay any unpaid amount or present value in one sum.

SETTLEMENT OPTION RATES

All settlement option rates are based on the 2000 Individual Annuity Mortality Table, if applicable, and a guaranteed annual interest rate of 2%. The payee will receive the greater of:

1. The income rate guaranteed in the policy; or
2. The income rates in effect for us at the time the income payments are made.

FIXED PERIOD OPTION

<u>Fixed Period (in months)</u>	<u>Factor</u>
60	17.49
120	9.18
180	6.42
240	5.04
300	4.22
360	3.68

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office located at: 4333 Edgewood Road N.E., Cedar Rapids, Iowa 52499



FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE POLICY PROCEEDS PAYABLE AT INSURED'S DEATH NON-PARTICIPATING

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